

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 _____ in the State of _____

5. Covering Period 07 01 2010 through 07 31 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 Todd Plott
Signature of Treasurer Electronically Filed by Todd Plott Date 08 19 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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

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	93366.84									
(c) Total Receipts (from Line 19)	14945.40	90572.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108312.24	152845.09								
7. Total Disbursements (from Line 31)	2000.00	46532.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106312.24	106312.24								
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

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12108.90	64385.10
(ii) Unitemized	2836.50	26187.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14945.40	90572.80
(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)	14945.40	90572.80
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))	14945.40	90572.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14945.40	90572.80

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.....	2000.00	37750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	8782.85
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))..	2000.00	46532.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	46532.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	14945.40	90572.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14945.40	90572.80
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: (check only one)	PAGE 6 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) EDMUNDO CASTANEDA		Date of Receipt
	Mailing Address 375 MORNING STAR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	EL PASO	TX	79912-6424
	FEC ID number of contributing federal political committee. C		Transaction ID: 32020462
Name of Employer SIERRA 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 ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) GARY J SLOAN		Date of Receipt
	Mailing Address 615 STEVENS CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	DANVILLE	CA	94506-4805
	FEC ID number of contributing federal political committee. C		Transaction ID: 32071179
Name of Employer SAN RAMON REGION 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 ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) JAIKUMAR KRISHNASWAMY		Date of Receipt
	Mailing Address 2505 MAESTRO WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 07 / 31 / 2010
	City	State	Zip Code
	MODESTO	CA	95355-9658
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1025621124196
Name of Employer DOCTORS MEDICAL CENTER-MODESTO		Occupation ASSOCIATE ADMINISTRATOR	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"/> 57.00
			P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1057.00
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 7 / 35
(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

<p>A. Full Name (Last, First, Middle Initial) KEVIN MCCASLIN</p> <p>Mailing Address 5225 MAPLE AVE #4314</p> <p>City State Zip Code DALLAS TX 75235-8449</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation TENET HEALTHCARE CORPORAT- DIR ION</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 864.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2010</p> <p>Transaction ID: PR1026156824196</p> <p>Amount of Each Receipt this Period 288.00</p> <p>P/R Deduction (\$96.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) CAROLYN B JACKSON</p> <p>Mailing Address 1390 WHITNEY LAKES DR</p> <p>City State Zip Code ROCKWALL TX 75087-2473</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation LAKE POINTE MEDICAL CENTER CEO</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 223.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2010</p> <p>Transaction ID: PR1026318024196</p> <p>Amount of Each Receipt this Period 57.00</p> <p>P/R Deduction (\$19.00 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) ROBERT RUSSELL</p> <p>Mailing Address 1001 SARANAC PARK</p> <p>City State Zip Code PEACHTREE CITY GA 30269-1274</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SOUTH FULTON MEDICAL CENT- COO ER</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2010</p> <p>Transaction ID: PR1159116224196</p> <p>Amount of Each Receipt this Period 75.00</p> <p>P/R Deduction (\$25.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	420.00
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 / 35
(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)
SHELLEY GILES

Mailing Address 3803 STOCKTON LN

City State Zip Code
DALLAS TX 75287-4919

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 ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR1479664424196

Amount of Each Receipt this Period
60.00

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

B.

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- VP AND REGIONAL CFO
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR1481203524196

Amount of Each Receipt this Period
114.00

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

C.

Full Name (Last, First, Middle Initial)
MICHAEL K BURTNETT

Mailing Address 3405 HOWELL ST#9

City State Zip Code
DALLAS TX 75204-2828

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 ▼ 608.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR1568624524196

Amount of Each Receipt this Period
114.00

P/R Deduction (\$38.00 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 9 / 35

(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) THOMAS RICE		Date of Receipt MM / DD / YYYY 07 / 31 / 2010		
	Mailing Address 15126 FERDINAND DR		Transaction ID: PR1592856024196		
	City DALLAS	State TX	Zip Code 75248-6437	Amount of Each Receipt this Period 114.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)		
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 608.00			

B.	Full Name (Last, First, Middle Initial) ROBERT SMITH		Date of Receipt MM / DD / YYYY 07 / 31 / 2010		
	Mailing Address 5325 TATE AVE		Transaction ID: PR1592857724196		
	City PLANO	State TX	Zip Code 75093-3433	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)		
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00			

C.	Full Name (Last, First, Middle Initial) RICKY JOHNSTON		Date of Receipt MM / DD / YYYY 07 / 31 / 2010		
	Mailing Address 404 N.CHURCH ST		Transaction ID: PR1592858224196		
	City MCKINNEY	State TX	Zip Code 75069	Amount of Each Receipt this Period 135.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$45.00 Bi-Weekly)		
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 ▼ 720.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 35

(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) JAY MIRANDA		Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 15871 SW 148 TERRACE		Transaction ID: PR1734839224196
	City MIAMI	State FL	Zip Code 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	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 ▼ 640.00		

B.	Full Name (Last, First, Middle Initial) LEA D FOURKILLER		Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 13219 GEORGE STREET		Transaction ID: PR1735529124196
	City FARMERS BRANCH	State TX	Zip Code 75234-5206
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	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 ▼ 234.00		

C.	Full Name (Last, First, Middle Initial) JASON E EVANS		Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 1808 FLINT RIDGE DR		Transaction ID: PR1735905224196
	City ALLEN	State TX	Zip Code 75002-1567
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
	Name of Employer LAKE POINTE MEDICAL CENTER	Occupation COO	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 ▼ 304.00		

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: PAGE 11 / 35
(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)
JEREMY L CLARK

Mailing Address 3336 SUNNIROC ROAD

City BIRMINGHAM State AL Zip Code 35210-3799

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

Name of Employer: BROOKWOOD MEDICAL CENTER Occupation: ASSOCIATE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 07 / 31 / 2010
Transaction ID: PR1735911024196
Amount of Each Receipt this Period: 57.00
P/R Deduction (\$19.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CHAKILLA D ROBINSON

Mailing Address 6303 RICHMOND #202

City DALLAS State TX Zip Code 75214-3674

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

Name of Employer: DOCTORS HOSPITAL-DALLAS Occupation: COO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 07 / 31 / 2010
Transaction ID: PR1735911224196
Amount of Each Receipt this Period: 57.00
P/R Deduction (\$19.00 Bi-Weekly)

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

Mailing Address 1111 MONTCLAIR AVENUE

City DALLAS State TX Zip Code 75208

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 ▼ 1344.00

Date of Receipt: 07 / 31 / 2010
Transaction ID: PR1814798524196
Amount of Each Receipt this Period: 288.00
P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **402.00**

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 12 / 35

(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)
CHARLOTTE M DARDANELLO

Mailing Address 1900 S. OCEAN BLVD. #16N

City State Zip Code
POMPANO BEACH FL 33062-8010

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

Name of Employer Occupation
NORTH SHORE MEDICAL CENTER CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2010

Transaction ID: PR2067935224196

Amount of Each Receipt this Period
57.00

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

B.

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

Mailing Address 391 E MILGEO AVE

City State Zip Code
RIPON CA 95366-2120

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

Name of Employer Occupation
DOCTORS HOSPITAL OF MANTE-CA CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2010

Transaction ID: PR2174141224196

Amount of Each Receipt this Period
57.00

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

C.

Full Name (Last, First, Middle Initial)
PHILLIP SOWA

Mailing Address 621 BIRDSALL ST

City State Zip Code
HOUSTON TX 77007-5101

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

Name of Employer Occupation
PARK PLAZA HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 615.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2010

Transaction ID: PR2174298124196

Amount of Each Receipt this Period
117.00

P/R Deduction (\$39.00 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 13 / 35
(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)
ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City State Zip Code
PALM SPRINGS CA 92262-6395

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

Name of Employer Occupation
DESERT REGIONAL MEDICAL CENTER CMO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR2174361624196

Amount of Each Receipt this Period
150.00

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

B.

Full Name (Last, First, Middle Initial)
WADE TYRRELL

Mailing Address 7844 ANNA CALLA WAY

City State Zip Code
BARTLETT TN 38133-5812

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL-BARTLETT CNO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 273.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR2174470724196

Amount of Each Receipt this Period
117.00

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

C.

Full Name (Last, First, Middle Initial)
DENNIS MLITOS

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 Occupation
DOCTORS MEDICAL CENTER-MODESTO CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 608.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR2174541524196

Amount of Each Receipt this Period
114.00

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

SUBTOTAL of Receipts This Page (optional) ► **381.00**

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 / 35
	<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) CATHRYN H FRASER		Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 272 ENCLAVES COURT		Transaction ID: PR2174559924196
	City State Zip Code COPPELL TX 75019-2125	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 288.00
	Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation SVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00	P/R Deduction (\$96.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ALVIN W JOSEPHS		Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 3717 HERWOL AVE		Transaction ID: PR2174561224196
	City State Zip Code WACO TX 76710-7218	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 117.00
	Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation SR DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$39.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) BIGGS C PORTER		Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 4535 MANNING LANE		Transaction ID: PR2174563624196
	City State Zip Code DALLAS TX 75220-6434	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
	Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation CHIEF FINANCIAL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	705.00
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 / 35
(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)
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 ▼ 1600.00

Date of Receipt: 07 / 31 / 2010
Transaction ID: PR2174567324196
Amount of Each Receipt this Period: 300.00
P/R Deduction (\$100.00 Bi-Weekly)

B.

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 ▼ 692.00

Date of Receipt: 07 / 31 / 2010
Transaction ID: PR2248480224196
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$50.00 Bi-Weekly)

C.

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

Mailing Address 9438 THORNBERRY LANE

City DALLAS State TX Zip Code 75220-5145

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

Name of Employer: TENET HEALTHCARE CORPORATION
Occupation: SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 07 / 31 / 2010
Transaction ID: PR2284285124196
Amount of Each Receipt this Period: 57.00
P/R Deduction (\$19.00 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 16 / 35

(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)
MICHAEL BLACKBURN

Mailing Address **4141 16TH STREET NE**

City **HICKORY** State **NC** Zip Code **28601-8408**

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

Name of Employer **FRYE REGIONAL MEDICAL CENTER** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR2369304324196

Amount of Each Receipt this Period 114.00

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

B.

Full Name (Last, First, Middle Initial)
JOHN SHORT

Mailing Address **3108 Clymer Drive**

City **Plano** State **TX** Zip Code **75025-5325**

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

Name of Employer **TENET HEALTHCARE CORPORATION** Occupation **VP - PMI**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 618.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR2387796624196

Amount of Each Receipt this Period 117.00

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

C.

Full Name (Last, First, Middle Initial)
PAUL CASTANON

Mailing Address **2101 Looscan lane**

City **Houston** State **TX** Zip Code **77019-1507**

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

Name of Employer **TENET HEALTHCARE CORPORATION** Occupation **VP & Asst. General Counsel**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR2398953024196

Amount of Each Receipt this Period 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 17 / 35
(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)
JACOB J. SPRUIT

Mailing Address 5608 Maxon Marsh Drive

City Hiram State GA Zip Code 30141-2879

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 368.00

Date of Receipt 07 / 31 / 2010
Transaction ID: PR2398965024196
 Amount of Each Receipt this Period 69.00
 P/R Deduction (\$23.00 Bi-Weekly)

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

Mailing Address 3680 VILLAGE CENTER LANE

City BIRMINGHAM State AL Zip Code 35226-6343

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

Name of Employer BROOKWOOD MEDICAL CENTER Occupation VP External Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 31 / 2010
Transaction ID: PR2428718424196
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MR MICHAEL R HOLMES

Mailing Address 531 EVERGREEN DRIVE

City MANDEVILLE State LA Zip Code 70448-7574

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

Name of Employer DIAGNOSTIC IMAGING SERVICES Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 07 / 31 / 2010
Transaction ID: PR2440288724196
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 221.00

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 / 35
(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

<p>A. Full Name (Last, First, Middle Initial) KELVIN BAGGETT</p> <p>Mailing Address 3850 WEST NORTHWEST HIGHWAY UNIT 4111</p> <p>City State Zip Code DALLAS TX 75220-5232</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation TENET HEALTHCARE CORPORAT- CHIEF MEDICAL OFFICER ION</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 390.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2010</p> <p>Transaction ID: PR2444580824196</p> <p>Amount of Each Receipt this Period 117.00</p> <p>P/R Deduction (\$39.00 Bi-Weekly)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) MICHAEL HALTER</p> <p>Mailing Address 111 RIGHTERS MILL RD</p> <p>City State Zip Code PENN VALLEY PA 19072-1312</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HAHNEMANN UNIVERSITY HOSP- CEO ITAL</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 304.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2010</p> <p>Transaction ID: PR406763224196</p> <p>Amount of Each Receipt this Period 57.00</p> <p>P/R Deduction (\$19.00 Bi-Weekly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) LEONARD ROSENFELD</p> <p>Mailing Address 7243 BAXTERSHIRE DRIVE</p> <p>City State Zip Code DALLAS TX 75230-3170</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation TENET HEALTHCARE CORPORAT- VP ION</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1108.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2010</p> <p>Transaction ID: PR407201324196</p> <p>Amount of Each Receipt this Period 114.00</p> <p>P/R Deduction (\$38.00 Bi-Weekly)</p>
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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 19 / 35

(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)
THOMAS WOLF

Mailing Address 2613 MILLINGTON DRIVE

City State Zip Code
PLANO TX 75093-3560

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

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
256.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407205124196

Amount of Each Receipt this Period

48.00

P/R Deduction (\$16.00 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
SAINT FRANCIS HOSPITAL

Occupation
COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407210524196

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
TENET HEALTHCARE CORPORAT-
ION

Occupation
EVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3040.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407210624196

Amount of Each Receipt this Period

570.00

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

SUBTOTAL of Receipts This Page (optional)

675.00

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 / 35
(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 B MCDONALD

Mailing Address 2230 WARNER ROAD

City State Zip Code
FORT WORTH TX 76110-1752

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 608.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407215824196

Amount of Each Receipt this Period
114.00

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

B. Full Name (Last, First, Middle Initial)
TERESA L HUSKEY

Mailing Address 4333 PERSHING AVE

City State Zip Code
FT WORTH TX 76107-4243

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) ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407218624196

Amount of Each Receipt this Period
117.00

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

C. Full Name (Last, First, Middle Initial)
SHERRY J HENDERSON

Mailing Address 25 NIGHT HERON PL

City State Zip Code
HICKORY NC 28601-8806

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

Name of Employer Occupation
FRYE REGIONAL MEDICAL CEN- CFO
TER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407219724196

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 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 21 / 35
(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)
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 ▼ 316.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR407221524196

Amount of Each Receipt this Period 57.00

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

B. 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 ▼ 608.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR407222124196

Amount of Each Receipt this Period 114.00

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

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

Mailing Address 11122 W RICKS CIRCLE

City DALLAS State TX Zip Code 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 ▼ 800.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR407222824196

Amount of Each Receipt this Period 150.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **321.00**

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 22 / 35
(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 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 Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407226024196

Amount of Each Receipt this Period
9.00

P/R Deduction (\$3.00 Bi-W-
eekly)

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

Mailing Address 9923 CAPRIDGE DR

City State Zip Code
DALLAS TX 75238-3469

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 ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407227324196

Amount of Each Receipt this Period
60.00

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

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

Mailing Address 6704 WESTMONT DRIVE

City State Zip Code
COLLEYVILLE TX 76034-7263

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 ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407227624196

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional) ► **129.00**

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 23 / 35

(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)
GARY K RUFF

Mailing Address 714 KENT CT

City State Zip Code
SOUTHLAKE TX 76092-8868

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SVP & GENERAL COUNSEL
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3072.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR407229224196

Amount of Each Receipt this Period 576.00

P/R Deduction (\$192.00 Bi-Weekly)

B.

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

Mailing Address 3014 CASTLE PINES DRIVE

City State Zip Code
DULUTH GA 30097-2039

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ATLANTA MEDICAL CENTER MARKET CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR407231824196

Amount of Each Receipt this Period 60.00

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

C.

Full Name (Last, First, Middle Initial)
JOHN QUINN

Mailing Address 1138 PINE VALLEY ROAD

City State Zip Code
GRIFFIN GA 30224-4953

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SPALDING REGIONAL HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1108.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR407236024196

Amount of Each Receipt this Period 114.00

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

SUBTOTAL of Receipts This Page (optional) 750.00

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 24 / 35
(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)
CHARLES MILLER

Mailing Address 747 MENDENHALL CT

City State Zip Code
FORT MILL SC 29715-7852

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

Name of Employer Occupation
PIEDMONT MEDICAL CENTER MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407241424196

Amount of Each Receipt this Period
57.00

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

B. 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- ION SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1536.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407242924196

Amount of Each Receipt this Period
288.00

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

C. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: PR407244824196

Amount of Each Receipt this Period
105.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 25 / 35
(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)
RALPH ALEMAN
 Mailing Address 6301 COLLINS AVE #2608
 City MIAMI BEACH State FL Zip Code 33141-4645
 Date of Receipt 07 / 31 / 2010
Transaction ID: PR407245324196
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HIALEAH HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 320.00

B. Full Name (Last, First, Middle Initial)
DAVID L ARCHER
 Mailing Address 2594 HOCKSETT COVE
 City GERMANTOWN State TN Zip Code 38139-6655
 Date of Receipt 07 / 31 / 2010
Transaction ID: PR407250424196
 Amount of Each Receipt this Period 288.00
 P/R Deduction (\$96.00 Bi-Weekly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAINT FRANCIS HOSPITAL Occupation MARKET CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1032.00

C. Full Name (Last, First, Middle Initial)
STEPHEN L NEWMAN MD
 Mailing Address 11034 TIBBS STREET
 City DALLAS State TX Zip Code 75230-3450
 Date of Receipt 07 / 31 / 2010
Transaction ID: PR407257724196
 Amount of Each Receipt this Period 576.00
 P/R Deduction (\$192.00 Bi-Weekly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF OPERATING OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 3072.00

SUBTOTAL of Receipts This Page (optional) ► 924.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 35
(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)
TERRY WHEELER

Mailing Address 13802 MAGNOLIA MANOR

City State Zip Code
CYPRESS TX 77429-8162

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

Name of Employer Occupation
CYPRESS FAIRBANKS MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 07 / 31 / 2010
Transaction ID: PR407265624196
Amount of Each Receipt this Period: 105.00
P/R Deduction (\$35.00 Bi-Weekly)

B. 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 Occupation
COMMUNITY HOSPITAL OF LOS GATOS CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 07 / 31 / 2010
Transaction ID: PR407266424196
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$30.00 Bi-Weekly)

C. 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 Occupation
DES PERES HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt: 07 / 31 / 2010
Transaction ID: PR407268524196
Amount of Each Receipt this Period: 114.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 309.00

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 27 / 35
	<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) CRAIG C ARMIN	Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 23510 BERDON STREET	Transaction ID: PR407274124196
	City State Zip Code WOODLAND HILLS CA 91367-3004	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	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 ▼ 640.00	

B.	Full Name (Last, First, Middle Initial) KENT G CLAYTON	Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 3 TURTLE BAY DRIVE	Transaction ID: PR407278124196
	City State Zip Code NEWPORT BEACH CA 92660-4266	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PLACENTIA LINDA 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 ▼ 608.00	

C.	Full Name (Last, First, Middle Initial) CANDACE MARKWITH	Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 980 ISABELLA WAY	Transaction ID: PR407280324196
	City State Zip Code SAN LUIS OBISPO CA 93405-6186	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SIERRA VISTA REGIONAL 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 ▼ 608.00	

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: PAGE 28 / 35
(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 ▼ 608.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR407280924196

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 ▼ 608.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR407283924196

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 ▼ 608.00

Date of Receipt 07 / 31 / 2010

Transaction ID: PR407288724196

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 29 / 35
(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)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 608.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2010

Transaction ID: PR413941924196

Amount of Each Receipt this Period
114.00

P/R Deduction (\$38.00 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 608.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2010

Transaction ID: PR839152224196

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 FIN PLAN & ANALYSIS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2010

Transaction ID: PR839196424196

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 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 30 / 35
(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)
EDWARD MESCO

Mailing Address 7365 NW 54TH STREET

City LAUDERHILL State FL Zip Code 33319-6346

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 ▼ 400.00

Date of Receipt 07 / 31 / 2010
Transaction ID: PR839477824196
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 702 PENFOLDS

City COPPELL State TX Zip Code 75019-4544

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 ▼ 3072.00

Date of Receipt 07 / 31 / 2010
Transaction ID: PR840566924196
 Amount of Each Receipt this Period 576.00
 P/R Deduction (\$192.00 Bi-Weekly)

C. 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 ▼ 608.00

Date of Receipt 07 / 31 / 2010
Transaction ID: PR840590424196
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 765.00

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 / 35
(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)
DAVID W BORDOFSKE

Mailing Address 5001 ASHLAND BELLE LANE

City State Zip Code
FRISCO TX 75035-7682

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 ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR840924624196

Amount of Each Receipt this Period
120.00

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

B.

Full Name (Last, First, Middle Initial)
JOHN TILLY

Mailing Address 1221 WENTWOOD

City State Zip Code
IRVING TX 75061-4456

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP & ASST GENERAL COUNSEL
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR842232424196

Amount of Each Receipt this Period
225.00

P/R Deduction (\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ELIZABETH JOHNSON

Mailing Address 3302 MARSH LANE

City State Zip Code
GRAPEVINE TX 76051-6828

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 ▼ 608.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR842373124196

Amount of Each Receipt this Period
114.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **459.00**

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 / 35
(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)
LESTER G COTTLE

Mailing Address 1625 FAWN LN

City State Zip Code
HUNTINGDON VALLEY PA 19006-7917

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 304.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR843874924196

Amount of Each Receipt this Period
57.00

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

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

Mailing Address 161 MEADOW RIDGE LN

City State Zip Code
CHAPEL HILL NC 27517-8847

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

Name of Employer Occupation
CAROLINA CROSSROADS SURG DIR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 308.80

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR843980424196

Amount of Each Receipt this Period
57.90

P/R Deduction (\$19.30 Bi-Weekly)

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

Mailing Address 7710 CENTER BAY DR

City State Zip Code
NORTH BAY VILLAGE FL 33141-4019

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

Name of Employer Occupation
NORTH SHORE MEDICAL CENTER CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 608.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR844477224196

Amount of Each Receipt this Period
114.00

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

SUBTOTAL of Receipts This Page (optional) ► 228.90

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 33 / 35

(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)
PATRICIA L BRAINERD

Mailing Address 5412 GLENSHIRE DR

City State Zip Code
PLANO TX 75093-2800

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 ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR844644424196

Amount of Each Receipt this Period

150.00

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

B.

Full Name (Last, First, Middle Initial)
STEVEN B BARR

Mailing Address 1300 BINZ

City State Zip Code
HOUSTON TX 77004-7016

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

Name of Employer
PLAZA SPECIALTY HOSPITAL

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR844656624196

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
SIERRA PROVIDENCE EASTSIDE
HOSPITAL

Occupation
COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2010

Transaction ID: PR849126624196

Amount of Each Receipt this Period

57.00

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

SUBTOTAL of Receipts This Page (optional) ▶

264.00

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 / 35	
	(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="07"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
City	State	Zip Code
WOODSTOCK	GA	30189-8197
FEC ID number of contributing federal political committee.		Transaction ID: PR849790224196
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="114.00"/>
Name of Employer SOUTH FULTON MEDICAL CENTER	Occupation ASSOC	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" value="608.00"/>	

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="12108.90"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

<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) Dave Camp for Congress		Transaction ID: 32078373	
	Mailing Address 5915 Eastman Ave. Suite 100		Date of Disbursement 07 / 29 / 2010	
	City Midland	State MI	Zip Code 48640	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2010 General		011	2010 General
	Candidate Name Rep. David Camp		Category/ Type	
	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: MI District: 04			

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00