

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 13737 Noel Road, Suite 100  
 Check if different than previously reported. (ACC)  
Dallas TX 75240

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

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

5. Covering Period 06 01 2008 through 06 30 2008

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 07 17 2008

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25980.69
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	21500.96									
(c) Total Receipts (from Line 19) .....	4226.52	30740.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	25727.48	56721.18								
7. Total Disbursements (from Line 31) .....	5600.00	36593.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	20127.48	20127.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	3221.52	15141.15
(i) Itemized (use Schedule A) .....	1005.00	15599.34
(ii) Unitemized .....	4226.52	30740.49
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4226.52	30740.49
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)) .....	4226.52	30740.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4226.52	30740.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	4000.00	22750.00
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.....	1600.00	13843.70
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))..	5600.00	36593.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5600.00	36593.70

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	4226.52	30740.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4226.52	30740.49
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 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) ELIZABETH LAMKIN	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 31 WICKLOW DRIVE	<b>Transaction ID:</b> PR1025760419721
	City State Zip Code HILTON HEAD SC 29928-3354	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation HILTON HEAD HOSPITAL CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MITCH EDGEWORTH	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2613 RANCHVIEW DRIVE	<b>Transaction ID:</b> PR1026318819721
	City State Zip Code RICHARDSON TX 75082-5200	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation DOCTORS HOSPITAL-DALLAS CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) SHELLEY GILES	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3803 STOCKTON LN	<b>Transaction ID:</b> PR1479664419721
	City State Zip Code DALLAS TX 75287-4919	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) STEPHEN M MOONEY	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4619 BRIAR OAKS CR	<b>Transaction ID:</b> PR1481199219721
	City State Zip Code DALLAS TX 75287-7503	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION SVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00 P/R Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS RICE	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 15126 FERDINAND DR	<b>Transaction ID:</b> PR1592856019721
	City State Zip Code DALLAS TX 75248-6437	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION SVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00 P/R Deduction (\$38.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) CHARLES CONKLIN	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3901 HEARST CASTLE WAY	<b>Transaction ID:</b> PR1592857219721
	City State Zip Code PLANO TX 75025-2011	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>156.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 25  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION PAC**

**A.** Full Name (Last, First, Middle Initial)  
**RICKY JOHNSTON**

Mailing Address **404 N.CHURCH ST**

City **MCKINNEY** State **TX** Zip Code **75069**

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

Name of Employer **TENET HEALTHCARE CORPORAT-ION** Occupation **VP**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 30 / 2008**  
**Transaction ID: PR1592858219721**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address **2001 19TH STREET NW #5**

City **WASHINGTON** State **DC** Zip Code **20009-1346**

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

Name of Employer **TENET HEALTHCARE CORPORAT-ION** Occupation **VP**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt **06 / 30 / 2008**  
**Transaction ID: PR1814798519721**

Amount of Each Receipt this Period **160.00**

P/R Deduction (\$80.00 Bi-Weekly)

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

Mailing Address **391 E MILGEO AVE**

City **RIPON** State **CA** Zip Code **95366-2120**

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

Name of Employer **DOCTORS HOSPITAL OF MANTE-CA** Occupation **CEO**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2008**  
**Transaction ID: PR2174141219721**

Amount of Each Receipt this Period **50.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **270.00**

**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 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT J CUNNAH	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 163 VILLAGIO WEST	<b>Transaction ID:</b> PR2174361619721
	City State Zip Code PALM SPRINGS CA 92262-6395	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DENNIS M LITOS	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3204 GREENGATE DR	<b>Transaction ID:</b> PR2174541519721
	City State Zip Code MODESTO CA 95355-8446	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer DOCTORS MEDICAL CENTER-MODESTO	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFERY FLOCKEN	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 27 NEW DAWN	<b>Transaction ID:</b> PR2174567319721
	City State Zip Code IRVINE CA 92620-1976	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>340.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 25  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
LARRY J AUSTIN

Mailing Address 14342 CLUB CIRCLE

City State Zip Code  
ALPHARETTA GA 30004-4361

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

Name of Employer Occupation  
NORTH FULTON REGIONAL HOSPITAL CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR2202087219721

Amount of Each Receipt this Period  
40.00

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

**B.**

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

Mailing Address 111 RIGHTERS MILL RD

City State Zip Code  
PENN VALLEY PA 19072-1312

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

Name of Employer Occupation  
HAHNEMANN UNIVERSITY HOSPITAL CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR406763219721

Amount of Each Receipt this Period  
38.00

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

**C.**

Full Name (Last, First, Middle Initial)  
HAROLD O ANDERSON

Mailing Address 4623 STANFORD AVE

City State Zip Code  
DALLAS TX 75209-3115

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR407185019721

Amount of Each Receipt this Period  
76.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **154.00**

**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 / 25  
(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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
LEONARD ROSENFELD

Mailing Address 12213 PARK BEND DR

City State Zip Code  
DALLAS TX 75230-2364

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) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR407201319721

Amount of Each Receipt this Period  
40.00

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

**B.**

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 Occupation  
TENET HEALTHCARE CORPORAT- MGR  
ION

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR407205119721

Amount of Each Receipt this Period  
32.00

P/R Deduction (\$16.00 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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR407210619721

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **272.00**

**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 / 25  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
CRAIG E SIMS

Mailing Address 4515 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-ION VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR407211619721

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
JOHN B MCDONALD

Mailing Address 2016 PEMBROKE AVE.

City State Zip Code  
FORT WORTH TX 76110-1236

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT-ION VP & Asst. General Council

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR407215819721

Amount of Each Receipt this Period  
40.00

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

**C.**

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

Mailing Address 2723 LAKERIDGE

City State Zip Code  
CARROLLTON TX 75006-4723

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT-ION SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR407220019721

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **128.46**

**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 / 25  
(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 PAC

**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 ▼ 650.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** PR407222819721  
 Amount of Each Receipt this Period: 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
GARY ROBINSON

Mailing Address 3030 MCKINNEY AVE #1701

City State Zip Code  
DALLAS TX 75204-7410

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

Name of Employer: TENET HEALTHCARE CORPORATION  
Occupation: DEPUTY GENERAL COUNSEL

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** PR407225819721  
 Amount of Each Receipt this Period: 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DEBRA L ANDONIE-WALL

Mailing Address 2687 CLEAR SPRINGS CT

City State Zip Code  
RICHARDSON TX 75082-4210

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 ▼ 260.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** PR407226219721  
 Amount of Each Receipt this Period: 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00

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

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

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

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) DOUGLAS E RABE		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 9923 CAPRIDGE DR		<b>Transaction ID:</b> PR407227319721		
	City DALLAS	State TX	Zip Code 75238-3469	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 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 ▼ 260.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL S HONGOLA		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 6704 WESTMONT DRIVE		<b>Transaction ID:</b> PR407227619721		
	City COLLEYVILLE	State TX	Zip Code 76034-7263	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 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 ▼ 260.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM T MOORE		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 3014 CASTLE PINES DRIVE		<b>Transaction ID:</b> PR407231819721		
	City DULUTH	State GA	Zip Code 30097-2039	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 Bi-Weekly)		
Name of Employer ATLANTA MEDICAL CENTER		Occupation MARKET CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 25  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**MAXINE T COOPER**

Mailing Address **19401 SANDPEBBLE CR**

City **HUNTINGTON BEACH** State **CA** Zip Code **92648-2110**

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

Name of Employer **GARDEN GROVE HOSPITAL** Occupation **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2008**

**Transaction ID: PR407233319721**

Amount of Each Receipt this Period **40.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**GARRY M OLNEY**

Mailing Address **2708 ISLAND LEDGE COVE**

City **AUSTIN** State **TX** Zip Code **78746-1982**

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

Name of Employer **TENET HEALTHCARE CORPORAT-ION** Occupation **VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2008**

**Transaction ID: PR407234319721**

Amount of Each Receipt this Period **40.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**BARRY G WEINBAUM**

Mailing Address **2670 HIDDEN VALLEY ROAD**

City **LA JOLLA** State **CA** Zip Code **92037-4025**

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

Name of Employer **TENET HEALTHCARE CORPORAT-ION** Occupation **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2008**

**Transaction ID: PR407235319721**

Amount of Each Receipt this Period **40.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 25  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

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

Mailing Address 5415 STONE CANYON DR

City State Zip Code  
FRISCO TX 75034-2220

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

Name of Employer Occupation  
CENTENNIAL MEDICAL CENTER CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR407244719721

Amount of Each Receipt this Period 40.00

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

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

Mailing Address PO BOX 2009

City State Zip Code  
SANFORD NC 27331-2009

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 ▼ 455.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR407244819721

Amount of Each Receipt this Period 70.00

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR407245319721

Amount of Each Receipt this Period 40.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 25  
(check only one)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) EDWARD SCHRECK		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 245 HILLSIDE RD.		Transaction ID: PR407248219721		
	City SOUTH PASADENA	State CA	Zip Code 91030-1611	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
	Name of Employer USC UNIVERSITY HOSPITAL	Occupation CEO	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID L ARCHER		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 2594 HOCKSETT COVE		Transaction ID: PR407250419721		
	City GERMANTOWN	State TN	Zip Code 38139-6655	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)		
	Name of Employer SAINT FRANCIS HOSPITAL	Occupation MARKET CEO	Aggregate Year-to-Date 520.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHEN L NEWMAN MD, M.D.		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 11034 TIBBS STREET		Transaction ID: PR407257719721		
	City DALLAS	State TX	Zip Code 75230-3450	Amount of Each Receipt this Period 384.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.00 Bi-Weekly)		
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation CHIEF OPERATING OFFICER	Aggregate Year-to-Date 2496.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	504.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 25  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
ALAN R CASON

Mailing Address 112 GOLDEN PHEASANT ST

City State Zip Code  
SLIDELL LA 70461-3116

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

Name of Employer NORTHSHORE REGIONAL MEDICAL CENTER  
Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR407263519721

Amount of Each Receipt this Period 40.00

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

**B.**

Full Name (Last, First, Middle Initial)  
GARY L HONTS

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 ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR407266419721

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 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 DES PERES HOSPITAL  
Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR407268519721

Amount of Each Receipt this Period 38.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **118.00**

**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 / 25  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

**A.** Full Name (Last, First, Middle Initial)  
PAUL D ECHELARD

Mailing Address 1167 HILLSBORO MILE#614

City HillsBORO BEACH State FL Zip Code 33062-1618

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

Name of Employer GOOD SAMARITAN MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR407270919721  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 23510 BERDON STREET

City WOODLAND HILLS State CA Zip Code 91367-3004

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR407274119721  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 3 TURTLE BAY DRIVE

City NEWPORT BEACH State CA Zip Code 92660-4266

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

Name of Employer PLACENTIA LINDA HOSPITAL Occupation CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR407278119721  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 128.46

**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 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
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  
SIERRA VISTA REGIONAL MEDICAL CENTER

Occupation  
CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR407280319721

Amount of Each Receipt this Period

40.00

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

**B.**

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

Mailing Address 21521 TURTLEDOVE STREET

City State Zip Code  
TRABUCO CANYON CA 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 ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR407283919721

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)  
EDWARD MESCO

Mailing Address 7365 NW 54TH STREET

City State Zip Code  
LAUDERHILL FL 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 ▼  
325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR839477819721

Amount of Each Receipt this Period

50.00

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

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

130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 25		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>AUDREY T ANDREWS</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2008</b>
	Mailing Address <b>702 PENFOLDS</b>		<b>Transaction ID: PR840566919721</b>
	City <b>COPPELL</b>	State <b>TX</b>	Zip Code <b>75019-4544</b>
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>40.00</b>
	Name of Employer <b>TENET HEALTHCARE CORPORAT-ION</b>	Occupation <b>VP</b>	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 ▼ <b>260.00</b>		

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>VIOLETA L MAZZELLA</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2008</b>
	Mailing Address <b>8816 CANYON LANDS DRIVE</b>		<b>Transaction ID: PR841454319721</b>
	City <b>PLANO</b>	State <b>TX</b>	Zip Code <b>75025-4221</b>
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>32.00</b>
	Name of Employer <b>TENET HEALTHCARE CORPORAT-ION</b>	Occupation <b>MGR</b>	P/R Deduction (\$16.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>208.00</b>		

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>ANASTASIA B HUINER</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2008</b>
	Mailing Address <b>614 EAST ALAMAR AVE.</b>		<b>Transaction ID: PR841557819721</b>
	City <b>SANTA BARBARA</b>	State <b>CA</b>	Zip Code <b>93105-2946</b>
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>40.00</b>
	Name of Employer <b>TENET HEALTHCARE CORPORAT-ION-HQ</b>	Occupation <b>VICE PRESIDENT</b>	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 ▼ <b>260.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>112.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) SUZANNE KOZEL	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 161 MEADOW RIDGE LN	<b>Transaction ID:</b> PR843980419721
	City State Zip Code CHAPEL HILL NC 27517-8847	Amount of Each Receipt this Period 38.60
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.30 Bi-Weekly)
	Name of Employer ATLANTA MEDICAL CENTER Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 5412 GLENSHIRE DR	<b>Transaction ID:</b> PR844644419721
	City State Zip Code PLANO TX 75093-2800	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) IRENE CHAVEZ	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1340 LOMA VERDE	<b>Transaction ID:</b> PR846339319721
	City State Zip Code EL PASO TX 79936-7811	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	178.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 25	
	(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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES CLEMENTS		Date of Receipt	
	Mailing Address 30313 Golf Crest Lane		M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> PR849790219721
	Woodstock	GA	30344	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		40.00	
Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
				P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3221.52

**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 24 / 25

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

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)  
Friends of Rahm Emanuel

Mailing Address PO Box 101124

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Emanuel, Rahm, US House Reprs 5th IL

Candidate Name  
Rahm Emanuel

Office Sought:  House  
 Senate  
 President

State: IL District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 27950021  
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

2500.00

Emanuel, Rahm, US House  
Reprs 5th IL

B.

Full Name (Last, First, Middle Initial)  
People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement  
Phil English, US Rep, 3rd PA

Candidate Name  
Rep. Phil English

Office Sought:  House  
 Senate  
 President

State: PA District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 28106492  
Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

1500.00

Phil English, US Rep, 3rd  
PA

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

4000.00

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

4000.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 25 / 25

<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 PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Bryan Lentz <hr/> Mailing Address PO box 2335 <hr/> City Harrisburg State PA Zip Code 17105-2335 Purpose of Disbursement Bryan Lentz, STATE HOUSE PA Candidate Name Bryan Lentz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27950676 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	2	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
0	6	/	0	2	/	2	0	0	8												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>600.00</td> </tr> </table>	600.00	Bryan Lentz, STATE HOUSE PA																			
600.00																					
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Tom Corbett <hr/> Mailing Address PO Box 181 <hr/> City Harrisburg State PA Zip Code 17108 Purpose of Disbursement Tom Corbett, ATTORNEY GENERAL PA Candidate Name Tom Corbett Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28106525 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
0	6	/	2	7	/	2	0	0	8												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00	Tom Corbett, ATTORNEY GEN- ERAL PA																			
1000.00																					

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

1600.00

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

1600.00