

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 Dallas TX 75202-2703 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 11 01 2009 through 11 30 2009

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 12 17 2009

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		24897.12
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	59048.02									
(c) Total Receipts (from Line 19)	9007.60	97608.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68055.62	122505.62								
7. Total Disbursements (from Line 31)	10552.00	65002.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57503.62	57503.62								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	8781.60	75169.42
(ii) Unitemized	226.00	22439.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9007.60	97608.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9007.60	97608.50
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))	9007.60	97608.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9007.60	97608.50

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.....	9400.00	51150.00
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	152.00	352.00
(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))	152.00	352.00
29. Other Disbursements.....	1000.00	13500.00
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))..	10552.00	65002.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10552.00	65002.00

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)	9007.60	97608.50
34. Total Contribution Refunds (from Line 28(d))	152.00	352.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8855.60	97256.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 46
(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)
JEFF ELLER

Mailing Address 98 SAN JACINTO BLVD
SUITE 1200

City State Zip Code
AUSTIN TX 78701-4299

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- COMMUNICATIONS EXECUTIVE
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30935927

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CHARLES CONKLIN

Mailing Address 3901 HEARST CASTLE WAY

City State Zip Code
PLANO TX 75025-2011

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) ▼ 448.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 31054894

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$152.00 This changes the YTD Total to \$44-
8.00

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

Mailing Address 2505 MAESTRO WAY

City State Zip Code
MODESTO CA 95355-9658

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1025621122896

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional) ► 1038.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT RUSSELL		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 1001 SARANAC PARK		Transaction ID: PR1159116222896
	City PEACHTREE CITY	State GA	Zip Code 30269-1274
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer SOUTH FULTON MEDICAL CENTER	Occupation COO	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

B.	Full Name (Last, First, Middle Initial) MARY ANN T RAILEY		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 20230 PINGREE WAY		Transaction ID: PR1461493122896
	City YORBA LINDA	State CA	Zip Code 92887-3257
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer PLACENTIA LINDA HOSPITAL	Occupation ASSOCIATE ADMINISTRATOR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

C.	Full Name (Last, First, Middle Initial) SHELLEY GILES		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 3803 STOCKTON LN		Transaction ID: PR1479664422896
	City DALLAS	State TX	Zip Code 75287-4919
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

SUBTOTAL of Receipts This Page (optional)	▶	110.00
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 / 46
(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)
STEPHEN M MOONEY

Mailing Address 4619 BRIAR OAKS CR

City State Zip Code
DALLAS TX 75287-7503

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SVP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1848.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1481199222896

Amount of Each Receipt this Period
192.00

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

B.

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

Mailing Address 1403 CROCKETT DR

City State Zip Code
FRISCO TX 75034-1566

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
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1481201222896

Amount of Each Receipt this Period
76.00

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

C.

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 570.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1481203522896

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► 344.00

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 / 46
(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)
JANIS THAYER

Mailing Address 1735 CRIMSON TERRACE

City State Zip Code
BRENTWOOD CA 94513-2618

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1481210622896

Amount of Each Receipt this Period
20.00

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

B.

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 ▼ 716.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1568624522896

Amount of Each Receipt this Period
76.00

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

C.

Full Name (Last, First, Middle Initial)
THOMAS RICE

Mailing Address 15126 FERDINAND DR

City State Zip Code
DALLAS TX 75248-6437

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SVP
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1592856022896

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► **172.00**

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 10 / 46
(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 SMITH

Mailing Address 5325 TATE AVE

City PLANO State TX Zip Code 75093-3433

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 ▼ 720.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: PR1592857722896
 Amount of Each Receipt this Period: 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. 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 CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: PR1592858222896
 Amount of Each Receipt this Period: 90.00
 P/R Deduction (\$45.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
WEBB COCHRAN

Mailing Address 3961 ST. CLAIRE CT

City ATLANTA State GA Zip Code 30319

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: PR1594942622896
 Amount of Each Receipt this Period: 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 190.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 46
	<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 11 / 30 / 2009
	Mailing Address 15871 SW 148 TERRACE	Transaction ID: PR173483922896
	City State Zip Code MIAMI FL 33196-5701	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CORAL GABLES HOSPITAL CEO	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00	P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JASON E EVANS	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 1808 FLINT RIDGE DR	Transaction ID: PR173590522896
	City State Zip Code ALLEN TX 75002-1567	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LAKE POINTE MEDICAL CENTER COO	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 402.00	P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JEREMY L CLARK	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 3336 SUNNIROC ROAD	Transaction ID: PR1735911022896
	City State Zip Code BIRMINGHAM AL 35210-3799	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BROOKWOOD MEDICAL CENTER ASSOCIATE ADMINISTRATOR	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	156.00
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 / 46
(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)
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 ▼ 285.00

Date of Receipt 11 / 30 / 2009
Transaction ID: PR173591122896
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 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 ▼ 1920.00

Date of Receipt 11 / 30 / 2009
Transaction ID: PR1814798522896
 Amount of Each Receipt this Period 160.00
 P/R Deduction (\$80.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CHARLOTTE M DARDANELLO

Mailing Address 1900 S. OCEAN BLVD. #16N

City POMPANO BEACH State FL Zip Code 33062-8010

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt 11 / 30 / 2009
Transaction ID: PR2067935222896
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 236.00

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 / 46
(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) GREGORY S MANIS		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 1944 S CLUB DR		Transaction ID: PR2070027422896
City WELLINGTON	State FL	Zip Code 33414-9088
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer ST. MARY'S MEDICAL CENTER	Occupation COO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) MARK P LISA		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 391 E MILGEO AVE		Transaction ID: PR2174141222896
City RIPON	State CA	Zip Code 95366-2120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer DOCTORS HOSPITAL OF MANTE-CA	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 ▼ 834.00	

C.

Full Name (Last, First, Middle Initial) PHILLIP SOWA		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 621 BIRDSALL ST		Transaction ID: PR2174298122896
City HOUSTON	State TX	Zip Code 77007-5101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer PARK PLAZA 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 ▼ 570.00	

SUBTOTAL of Receipts This Page (optional)	▶	172.00
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 / 46
	<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		Date of Receipt
	Mailing Address 163 VILLAGIO WEST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 30 / 2009
	City	State	Zip Code
	PALM SPRINGS	CA	92262-6395
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174361622896
Name of Employer DESERT REGIONAL MEDICAL CENTER		Occupation CMO	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 ▼ 1200.00	<input type="text"/> 100.00
P/R Deduction (\$50.00 Bi-Weekly)			

B.	Full Name (Last, First, Middle Initial) HENRY T HUDSON III		Date of Receipt
	Mailing Address 49150 GILA RIVER DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 30 / 2009
	City	State	Zip Code
	INDIO	CA	92201-8846
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174385922896
Name of Employer DESERT REGIONAL MEDICAL CENTER		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 ▼ 240.00	<input type="text"/> 20.00
P/R Deduction (\$10.00 Bi-Weekly)			

C.	Full Name (Last, First, Middle Initial) DENNIS M LITOS		Date of Receipt
	Mailing Address 3204 GREENGATE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 30 / 2009
	City	State	Zip Code
	MODESTO	CA	95355-8446
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174541522896
Name of Employer DOCTORS MEDICAL CENTER-MO-DESTO		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 ▼ 750.00	<input type="text"/> 76.00
P/R Deduction (\$38.00 Bi-Weekly)			

SUBTOTAL of Receipts This Page (optional)	196.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 46
	<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
	Mailing Address 272 ENCLAVES COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	COPPELL	TX	75019-2125
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR217455922896
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 192.00
		<input type="text"/> 1728.00	P/R Deduction (\$96.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) BRUCE MEARS		Date of Receipt
	Mailing Address 10312 ARVIN HILL RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	AUBREY	TX	76227-6847
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR217456262896
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 240.00	P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) BIGGS C PORTER		Date of Receipt
	Mailing Address 4535 MANNING LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DALLAS	TX	75220-6434
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR217456362896
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation CHIEF FINANCIAL OFFICER	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"/> 200.00
		<input type="text"/> 1500.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 412.00
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 16 / 46
(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)
WENDY TISCHLER

Mailing Address 5921 MALMESBURY RD

City State Zip Code
DALLAS TX 75252-4206

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SR DIR
ION

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR2174565822896

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 107 WATERMAN

City State Zip Code
IRVINE CA 92602-1654

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR2174566422896

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 7085 CRYSTALLINE DRIVE

City State Zip Code
CARLSBAD CA 92011-3968

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR2174566622896

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 46
	<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		Date of Receipt
	Mailing Address 27 NEW DAWN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	IRVINE	CA	92620-1976
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174567322896
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 2400.00	P/R Deduction (\$100.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JEFFREY SNYDER		Date of Receipt
	Mailing Address 115 GREENTREE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	BANGOR	PA	18013-2400
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2248246122896
Name of Employer ST. CHRISTOPHER'S HOSPITAL FOR CHILDRE		Occupation COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 323.00	P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) SALLY A HURT-STEFFEN		Date of Receipt
	Mailing Address 712 WALTHAM CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	EL PASO	TX	79922-2128
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2248480222896
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL		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"/>
		<input type="text"/> 570.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 295.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 46
	<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) BRADLEY C TAYLOR	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 9438 THORBERRY LANE	Transaction ID: PR2284285122896
	City State Zip Code DALLAS TX 75220-5145	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 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 ▼ 266.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL BLACKBURN	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 4141 16TH STREET NE	Transaction ID: PR2369304322896
	City State Zip Code HICKORY NC 28601-8408	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer FRYE REGIONAL MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

C.	Full Name (Last, First, Middle Initial) JOHN SHORT	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 3108 Clymer Drive	Transaction ID: PR2387796622896
	City State Zip Code Plano TX 75025-5325	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP - PMI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	

SUBTOTAL of Receipts This Page (optional)	▶	190.00
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 / 46
(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)
PAUL CASTANON

Mailing Address 2101 Looscan lane

City State Zip Code
Houston TX 77019-1507

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR2398953022896

Amount of Each Receipt this Period
76.00

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

B. Full Name (Last, First, Middle Initial)
JACOB J. SPRUIT

Mailing Address 5608 Maxon Marsh Drive

City State Zip Code
Hiram GA 30141-2879

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

Name of Employer Occupation
SOUTH FULTON MEDICAL CENT- CFO
ER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR2398965022896

Amount of Each Receipt this Period
46.00

P/R Deduction (\$23.00 Bi-Weekly)

C. 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 HOSP- CEO
ITAL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 456.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR406763222896

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional) ► **160.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) LEONARD ROSENFELD	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 12213 PARK BEND DR	Transaction ID: PR407201322896
	City State Zip Code DALLAS TX 75230-2364	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 750.00 P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) THOMAS WOLF	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 2613 MILLINGTON DRIVE	Transaction ID: PR407205122896
	City State Zip Code PLANO TX 75093-3560	Amount of Each Receipt this Period 32.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00 P/R Deduction (\$16.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) HANK D IRICK JR.	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 3305 ELAM CT	Transaction ID: PR407205822896
	City State Zip Code PLANO TX 75093-8087	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION SR DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	128.00
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 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WILLIAM R WATTS		Date of Receipt
	Mailing Address 7504 DANFIELD CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 3 0 / 2 0 0 9
	City	State	Zip Code
	DALLAS	TX	75252-6823
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407209422896
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SR DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) DONALD E LAUGHLIN		Date of Receipt
	Mailing Address 4185 CLOVERPORT RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 3 0 / 2 0 0 9
	City	State	Zip Code
	TOONE	TN	38381-8059
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407210522896
Name of Employer SAINT FRANCIS HOSPITAL		Occupation COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	<input type="text"/> 38.00
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) STEVE BROWN		Date of Receipt
	Mailing Address 16 SARAH NASH CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 3 0 / 2 0 0 9
	City	State	Zip Code
	DALLAS	TX	75225-2072
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407210622896
Name of Employer TENET HEALTHCARE CORPORATION		Occupation EVP	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 ▼ 3920.00	<input type="text"/> 380.00
			P/R Deduction (\$190.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 438.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JOHN B MCDONALD	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 2230 WARNER ROAD	Transaction ID: PR407215822896
	City State Zip Code FORT WORTH TX 76110-1752	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 804.00	

B.	Full Name (Last, First, Middle Initial) WAYNE E COBB	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 4001 ORCHID LANE	Transaction ID: PR407216422896
	City State Zip Code MANSFIELD TX 76063-5577	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) TERESA L HUSKEY	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 4333 PERSHING AVE	Transaction ID: PR407218622896
	City State Zip Code FT WORTH TX 76107-4243	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
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 ▼ 393.00	

SUBTOTAL of Receipts This Page (optional)	134.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 46
	<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) SHERRY J HENDERSON	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 25 NIGHT HERON PL	Transaction ID: PR407219722896
	City State Zip Code HICKORY NC 28601-8806	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FRYE REGIONAL MEDICAL CENTER	Occupation CFO	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 ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) JAMES E MCPARTLAND	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 1805 LONGWOOD CT	Transaction ID: PR407221522896
	City State Zip Code ALLEN TX 75013-3074	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) JOE D THOMASON	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 4006 RAMSGATE CT	Transaction ID: PR407222122896
	City State Zip Code COLLEYVILLE TX 76034-4473	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	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 ▼ 744.00	

SUBTOTAL of Receipts This Page (optional)	156.00
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 / 46
(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 S HENDLER		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 11122 W RICKS CIRCLE		Transaction ID: PR407222822896
City DALLAS	State TX	Zip Code 75230-3032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation REGIONAL CMO	P/R Deduction (\$50.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.

Full Name (Last, First, Middle Initial) CONLEY S CERVANTES		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 819 CAMBRIDGE MANOR LANE		Transaction ID: PR407224722896
City COPPELL	State TX	Zip Code 75019-6105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	P/R Deduction (\$12.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

C.

Full Name (Last, First, Middle Initial) MARK E PEACOCK		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 1120 CHESTERTON DR		Transaction ID: PR407226022896
City RICHARDSON	State TX	Zip Code 75080-2919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	P/R Deduction (\$38.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

SUBTOTAL of Receipts This Page (optional)	▶	200.00
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 / 46
(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)
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 ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR407227322896

Amount of Each Receipt this Period
40.00

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

B.

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 ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR407227622896

Amount of Each Receipt this Period
40.00

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

C.

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: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2925.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR407229222896

Amount of Each Receipt this Period
384.00

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

SUBTOTAL of Receipts This Page (optional) ► **464.00**

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 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) WILLIAM T MOORE		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 3014 CASTLE PINES DRIVE		Transaction ID: PR407231822896
City DULUTH	State GA	Zip Code 30097-2039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer ATLANTA MEDICAL CENTER	Occupation MARKET 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 ▼ 804.00	

B.

Full Name (Last, First, Middle Initial) GARRY M OLNEY		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 2708 ISLAND LEDGE COVE		Transaction ID: PR407234322896
City AUSTIN	State TX	Zip Code 78746-1982
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 804.00	

C.

Full Name (Last, First, Middle Initial) JOHN QUINN		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 1138 PINE VALLEY ROAD		Transaction ID: PR407236022896
City GRIFFIN	State GA	Zip Code 30224-4953
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer SPALDING REGIONAL HOSPITAL	Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional)	228.00
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 27 / 46
(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 ▼ 684.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: PR407241422896

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 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 ▼ 2304.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: PR407242922896

Amount of Each Receipt this Period
192.00

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 ▼ 840.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: PR407244822896

Amount of Each Receipt this Period
70.00

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

SUBTOTAL of Receipts This Page (optional) ► **338.00**

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 28 / 46
	<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) RALPH ALEMAN		Date of Receipt	
	Mailing Address 6301 COLLINS AVE #2608		M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: PR407245322896
	MIAMI BEACH	FL	33141-4645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer HIALEAH HOSPITAL		Occupation CEO		P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00		

B.	Full Name (Last, First, Middle Initial) GARRY L GAUSE		Date of Receipt	
	Mailing Address 1150 LAKE COLANY LANE		M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: PR407248722896
	VESTAVIA HILLS	AL	35242-7423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer BROOKWOOD MEDICAL CENTER		Occupation CEO		P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

C.	Full Name (Last, First, Middle Initial) DAVID L ARCHER		Date of Receipt	
	Mailing Address 2594 HOCKSETT COVE		M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: PR407250422896
	GERMANTOWN	TN	38139-6655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		80.00	
Name of Employer SAINT FRANCIS HOSPITAL		Occupation MARKET 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 ▼ 960.00		

SUBTOTAL of Receipts This Page (optional)	▶	140.00
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 / 46
(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)
SUELLEN SMITH

Mailing Address 84 TIERRA VISTA LANE

City PASO ROBLES State CA Zip Code 93446-9702

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 ▼ 240.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR407254522896

Amount of Each Receipt this Period 20.00

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

B.

Full Name (Last, First, Middle Initial)
STEPHEN L NEWMAN MD

Mailing Address 11034 TIBBS STREET

City DALLAS State TX Zip Code 75230-3450

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 ▼ 4608.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR407257722896

Amount of Each Receipt this Period 384.00

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

C.

Full Name (Last, First, Middle Initial)
ALAN E HODGES

Mailing Address 231 COIN DU LESTIN

City SLIDELL State LA Zip Code 70460-3509

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

Name of Employer NORTSHORE REGIONAL MEDICAL CENTER Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR407262122896

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 444.00

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 / 46
(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)
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 Occupation
NORTHSHORE REGIONAL MEDICAL CENTER CEO

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR407263522896

Amount of Each Receipt this Period
40.00

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

B.

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 455.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR407265622896

Amount of Each Receipt this Period
70.00

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

C.

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR407266422896

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional) ► **170.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 46
	<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) MICHELE C MEYER		Date of Receipt
	Mailing Address 230 GRIMSLEY STAT BLUFF		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	SAINT LOUIS	MO	63129-5030
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407268522896
Name of Employer DES PERES HOSPITAL		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 ▼ 798.00	<input type="text"/> 76.00
			P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) SAMUEL G HARRIS		Date of Receipt
	Mailing Address 933 HAVENHURST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	WEST HOLLYWOOD	CA	90046-6919
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407271122896
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CRAIG C ARMIN		Date of Receipt
	Mailing Address 23510 BERDON STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	WOODLAND HILLS	CA	91367-3004
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407274122896
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 870.00	<input type="text"/> 80.00
			P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 176.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) KENT G CLAYTON	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 3 TURTLE BAY DRIVE	Transaction ID: PR407278122896
	City State Zip Code NEWPORT BEACH CA 92660-4266	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PLACENTIA LINDA HOSPITAL CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 804.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) CANDACE MARKWITH	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 980 ISABELLA WAY	Transaction ID: PR407280322896
	City State Zip Code SAN LUIS OBISPO CA 93405-6186	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SIERRA VISTA REGIONAL MEDICAL CENTER CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 786.00	P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) RODNEY A REASONER	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 1960 MARY LEE LN	Transaction ID: PR407280922896
	City State Zip Code ALLEN TX 75002-8528	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORATION VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	228.00
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 33 / 46
(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)
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 Occupation
LOS ALAMITOS MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: PR407283922896

Amount of Each Receipt this Period: 76.00

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

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

Mailing Address 31855 DATE PALM DR#3

City State Zip Code
CATHEDRAL CITY CA 92234-3100

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

Name of Employer Occupation
DESERT REGIONAL MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: PR407288722896

Amount of Each Receipt this Period: 76.00

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

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

Mailing Address 2425 BATTERING ROCK RD

City State Zip Code
TEMPLETON CA 93465-8371

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

Name of Employer Occupation
TWIN CITIES COMMUNITY HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 744.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: PR413941922896

Amount of Each Receipt this Period: 76.00

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

SUBTOTAL of Receipts This Page (optional) ► 228.00

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 / 46
(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)
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 CORPORAT-ION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 532.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: PR83915222896
Amount of Each Receipt this Period: 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. 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 CORPORAT-ION VP FIN PLAN & ANALYSIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: PR839196422896
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
EDWIN BODE

Mailing Address 9597 GOTTEN WAY

City State Zip Code
GERMANTOWN TN 38139-5657

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 393.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: PR839296522896
Amount of Each Receipt this Period: 38.00
P/R Deduction (\$19.00 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 35 / 46
(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 ▼ 600.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR839477822896

Amount of Each Receipt this Period 50.00

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

B. Full Name (Last, First, Middle Initial)
ANTHONY J BONNECARRERE

Mailing Address 108 HOUMAS COURT

City PEARL RIVER State LA Zip Code 70452-3808

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

Name of Employer NORTSHORE REGIONAL MEDICAL CENTER Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR840484722896

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 5757 SOUTHWESTERN BLVD

City DALLAS State TX Zip Code 75209-3437

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR840530322896

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional) ► 108.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 46
	<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) AUDREY T ANDREWS		Date of Receipt
	Mailing Address 702 PENFOLDS		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	City	State	Zip Code
	COPPELL	TX	75019-4544
	FEC ID number of contributing federal political committee.		Transaction ID: PR840566922896
		Amount of Each Receipt this Period	<input type="text"/> 384.00
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 3576.00		

B.	Full Name (Last, First, Middle Initial) DREW P KAHN		Date of Receipt
	Mailing Address 16015 KEMPTON PARK		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	City	State	Zip Code
	SPRING	TX	77379-6730
	FEC ID number of contributing federal political committee.		Transaction ID: PR840590422896
		Amount of Each Receipt this Period	<input type="text"/> 76.00
Name of Employer HOUSTON NW MEDICAL CENTER		Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 570.00		

C.	Full Name (Last, First, Middle Initial) DAVID W BORDOFSKE		Date of Receipt
	Mailing Address 5001 ASHLAND BELLE LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	City	State	Zip Code
	FRISCO	TX	75035-7682
	FEC ID number of contributing federal political committee.		Transaction ID: PR840924622896
		Amount of Each Receipt this Period	<input type="text"/> 80.00
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 960.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 540.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) HOAI-SON L NGUYEN		Date of Receipt
	Mailing Address 303 PRINCE ALBERT CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	RICHARDSON	TX	75081-5059
	FEC ID number of contributing federal political committee. C		Transaction ID: PR841515822896
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 240.00	P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JOHN TILLY		Date of Receipt
	Mailing Address 1221 WENTWOOD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	IRVING	TX	75061-4456
	FEC ID number of contributing federal political committee. C		Transaction ID: PR842232422896
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP & ASST GENERAL COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 900.00	P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ELIZABETH JOHNSON		Date of Receipt
	Mailing Address 3302 MARSH LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	GRAPEVINE	TX	76051-6828
	FEC ID number of contributing federal political committee. C		Transaction ID: PR842373122896
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 684.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 196.00
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 38 / 46
(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)
BRIAN REILLY
Mailing Address 55 PARRY DR
City HAINESPORT State NJ Zip Code 08036-4881
FEC ID number of contributing federal political committee. **C**
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CFO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 11 / 30 / 2009
Transaction ID: PR843214422896
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
BARBARA H ZURZOLO
Mailing Address 13 GREENBRIAR LANE
City PAOLI State PA Zip Code 19301-1907
FEC ID number of contributing federal political committee. **C**
Name of Employer REGIONAL EXECUTIVE Occupation SR. MANAGING COUNSEL
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 11 / 30 / 2009
Transaction ID: PR843854922896
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
LESTER G COTTLE
Mailing Address 1625 FAWN LN
City HUNTINGDON VALLEY State PA Zip Code 19006-7917
FEC ID number of contributing federal political committee. **C**
Name of Employer ST CHRISTOPHER'S HOSPITAL FOR CHILDREN Occupation CFO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 342.00
Date of Receipt 11 / 30 / 2009
Transaction ID: PR843874922896
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 78.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 46
	<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) SUZANNE KOZEL		Date of Receipt
	Mailing Address 161 MEADOW RIDGE LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CHAPEL HILL	NC	27517-8847
	FEC ID number of contributing federal political committee. C		Transaction ID: PR843980422896
Name of Employer CAROLINA CROSSROADS SURG		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 38.60
		<input type="text"/> 463.20	P/R Deduction (\$19.30 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MANUEL LINARES		Date of Receipt
	Mailing Address 7710 CENTER BAY DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NORTH BAY VILLAGE	FL	33141-4019
	FEC ID number of contributing federal political committee. C		Transaction ID: PR844477222896
Name of Employer NORTH SHORE 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"/> 76.00
		<input type="text"/> 646.00	P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD		Date of Receipt
	Mailing Address 5412 GLENSHIRE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PLANO	TX	75093-2800
	FEC ID number of contributing federal political committee. C		Transaction ID: PR844644422896
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SR DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 1200.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 214.60
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 40 / 46
(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)
STEVEN B BARR

Mailing Address 1300 BINZ

City HOUSTON State TX Zip Code 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 ▼ 285.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR844656622896

Amount of Each Receipt this Period 38.00

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

B. Full Name (Last, First, Middle Initial)
LYNNE SCROGGINS

Mailing Address 3777 PEACHTREE RD NE 632

City ATLANTA State GA Zip Code 30319-5209

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

Name of Employer ATLANTA MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR844786222896

Amount of Each Receipt this Period 20.00

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

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

Mailing Address 2188 ASPEN

City TUSTIN State CA Zip Code 92782-8339

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

Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR846690222896

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional) ► 78.00

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 41 / 46
(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)
ERIC M DELGADO

Mailing Address 4734 BRIERCREST AVE.

City State Zip Code
LAKEWOOD CA 90713-2312

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

Name of Employer IRVINE REGIONAL HOSPITAL MEDICAL CENTER
Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR846888222896

Amount of Each Receipt this Period
20.00

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

B.

Full Name (Last, First, Middle Initial)
MARK KORTH

Mailing Address 11 TALBOTT CT

City State Zip Code
LADERA RANCH CA 92694-1087

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

Name of Employer LAKEWOOD REGIONAL MEDICAL CENTER
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 532.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR849123922896

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 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 Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR849126622896

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional) ► **134.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 46	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JAMES CLEMENTS		Date of Receipt
	Mailing Address 3013 GOLF CREST LANE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WOODSTOCK	GA	30189-8197
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation ASSOC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="696.00"/>	Transaction ID: PR849790222896
			Amount of Each Receipt this Period <input type="text" value="76.00"/>
			P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="76.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="8781.60"/>

**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 43 / 46

<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 checked="" 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)
CHARLES CONKLIN

Transaction ID: 30865387

Date of Disbursement

Mailing Address 3901 HEARST CASTLE WAY

^M 1	^M 1	/	^D 1	^D 7	/	^Y 2	^Y 0	^Y 0	^Y 9
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City State Zip Code
PLANO TX 75025-2011

Amount of Each Disbursement this Period

152.00

Purpose of Disbursement
Contribution Refund

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Contribution Refund

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

152.00

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

152.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AmeriPAC: The Fund for a Greater America</p> <p>Mailing Address 607 Fourteenth Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name AmeriPAC: The Fund for a Greater America</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 30865388 Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>2009 Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Becerra for Congress</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 30</p>	<p>Transaction ID: 30865389 Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>2010 Primary</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress</p> <p>Mailing Address P.O. Box 12667</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rep. Kevin McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 22</p>	<p>Transaction ID: 30865390 Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 Primary</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Pete Sessions for Congress

Transaction ID: 30865393

Date of Disbursement

Mailing Address P.O. Box 823047

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	0	9

City State Zip Code
Dallas TX 75382

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
2010 Primary

011

Category/
Type

Candidate Name
Pete Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

2010 Primary

State: TX District: 32

SUBTOTAL of Disbursements This Page (optional) ►

2400.00

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

9400.00

**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 46 / 46

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

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

A.

Full Name (Last, First, Middle Initial)
Ken Paxton Campaign

Transaction ID: 30865394

Date of Disbursement

Mailing Address 201 West Virginia Parkway

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

City State Zip Code
McKinney TX 75069

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2010 Primary

011

Category/
Type

Candidate Name
TX Rep. Ken Paxton

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

2010 Primary

State: TX District: 70

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00
