



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

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

|   | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|---|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>   | <input type="text" value="98990.39"/>  | <input type="text" value="98990.39"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <input type="text" value="108042.39"/> |  |
| (c) Total Receipts (from Line 19) .....   | <input type="text" value="14268.00"/>  | <input type="text" value="133140.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....             | <input type="text" value="122310.39"/> | <input type="text" value="232130.39"/> |
| 7. Total Disbursements (from Line 31).....  | <input type="text" value="16500.00"/>  | <input type="text" value="126320.00"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                        | <input type="text" value="105810.39"/> | <input type="text" value="105810.39"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 13017.45                      | 90397.95                          |
| (ii) Unitemized .....   | 1250.55                       | 37742.05                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 14268.00                      | 128140.00                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 14268.00                      | 128140.00                         |
| 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                          | 5000.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 14268.00                      | 133140.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 14268.00                      | 133140.00                         |

## DETAILED SUMMARY PAGE of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 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.....         | 5500.00                       | 96470.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 11000.00                      | 29850.00                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 16500.00                      | 126320.00                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 16500.00                      | 126320.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 14268.00                      | 128140.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 14268.00                      | 128140.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 0.00                          | 0.00                              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 OF 66                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

|   |                   |   |   |
|---|-------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JAIKUMAR KRISHNASWAMY</b>  |                   |   | Date of Receipt   |
| Mailing Address 13123 AVALANGE CT   |                   |   | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City<br>CYPRESS   | State<br>TX       | Zip Code<br>77429-4913  | <b>Transaction ID : PR1025621129131</b>   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |                   |   | Amount of Each Receipt this Period<br><input type="text" value="57.00"/>                              |
| Name of Employer<br>CYPRESS FAIRBANKS MEDICAL CENTER  | Occupation<br>COO | Aggregate Year-to-Date ▼<br><input type="text" value="456.00"/> | P/R Deduction (\$19.00 Bi-Weekly)   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |   |   |

|   |                               |  |   |
|---|-------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. KEVIN MCCASLIN</b>   |                               |  | Date of Receipt   |
| Mailing Address 1415 MAIN STREET #1403  |                               |  | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City<br>DALLAS  | State<br>TX                   | Zip Code<br>75202-4108   | <b>Transaction ID : PR1026156829131</b>   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |                               |  | Amount of Each Receipt this Period<br><input type="text" value="288.00"/>                             |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>DIR, COMPLIANCE | Aggregate Year-to-Date ▼<br><input type="text" value="2304.00"/> | P/R Deduction (\$96.00 Bi-Weekly)   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                               |  |   |

|   |                   |   |   |
|---|-------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ROBERT RUSSELL</b>   |                   |   | Date of Receipt   |
| Mailing Address 1001 SARANAC PARK   |                   |   | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City<br>PEACHTREE CITY  | State<br>GA       | Zip Code<br>30269-1274  | <b>Transaction ID : PR1159116229131</b>   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |                   |   | Amount of Each Receipt this Period<br><input type="text" value="75.00"/>                              |
| Name of Employer<br>ATLANTA MEDICAL CENTER  | Occupation<br>COO | Aggregate Year-to-Date ▼<br><input type="text" value="600.00"/> | P/R Deduction (\$25.00 Bi-Weekly)   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |   |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="420.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 7 OF 66                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

**A. ALEXANDER M FERNANDEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5843 NW 126TH TERRACE  
 City CORAL SPRINGS State FL Zip Code 33076-1934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTH SHORE MEDICAL CENTER Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1159201029131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. FELITA A CARTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 290 EAST PLANTATION DR  
 City SHARPSBURG State GA Zip Code 30277-1958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, MGD CARE ECONOMICS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1159258029131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. DENNIS GRADY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3940 NW 54TH CT  
 City COCONUT CREEK State FL Zip Code 33073-4123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PALMETTO GENERAL HOSPITAL Occupation DIR, CANCER CENTER 2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1159306629131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 8 OF 66  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. SHELLEY GILES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3803 STOCKTON LN  
 City DALLAS State TX Zip Code 75287-4919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, RELOCATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1479664429131**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. STEPHEN M MOONEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4619 BRIAR OAKS CR  
 City DALLAS State TX Zip Code 75287-7503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET PATIENT FINCL SVCS Occupation PRESIDENT, CONIFER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1481199229131**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. NANCY FOSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9603 FOREST RIDGE CR  
 City DAVIE State FL Zip Code 33328-6791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REG REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1481202729131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 207.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 9 OF 66  
(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. JEFFREY KOURY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 BARNEBURG  
 City DOVE CANYON State CA Zip Code 92679-4210  
 Date of Receipt: 11 / 26 / 2012  
 Transaction ID : PR1481203529131  
 Amount of Each Receipt this Period: 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: TENET HEALTHCARE CORPORATION Occupation: SVP, REGIONAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 912.00

**B. JANIS THAYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1735 CRIMSON TERRACE  
 City BRENTWOOD State CA Zip Code 94513-2618  
 Date of Receipt: 11 / 26 / 2012  
 Transaction ID : PR1481210629131  
 Amount of Each Receipt this Period: 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: TENET HEALTHCARE CORPORATION Occupation: SR DIR, LABOR RELATIONS  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 240.00

**C. PAUL SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 WILLOW OAK LN  
 City SAINT LOUIS State MO Zip Code 63122-4714  
 Date of Receipt: 11 / 26 / 2012  
 Transaction ID : PR1481221129131  
 Amount of Each Receipt this Period: 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: TENET HEALTHCARE CORPORATION Occupation: SR DIR, OUTPT STRATG DEV  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 240.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 174.00  
**TOTAL** This Period (last page this line number only).....▶

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 10 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. MICHAEL K BURTNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1131 N EDGEFIELD AVE  
 City DALLAS State TX Zip Code 75208-3624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, OUTPATIENT SERVICES  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **912.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR1568624529131**  
 Amount of Each Receipt this Period **114.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. CARLOS A DUBE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10172 SAIGON DR  
 City EL PASO State TX Zip Code 79925-5428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, IMAGING SVCS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **456.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR1568782029131**  
 Amount of Each Receipt this Period **57.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. AMY L HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6237 WESTCHESTER LN  
 City PLANO State TX Zip Code 75093-6174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, NATL MANAGED CARE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR1592704029131**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **201.00**  
**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 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

Full Name (Last, First, Middle Initial)  
**A. 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 CORPORATION SVP, INVESTOR RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
936.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2012  
**Transaction ID : PR1592856029131**

Amount of Each Receipt this Period  
117.00

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

Full Name (Last, First, Middle Initial)  
**B. ROBERT SMITH**

Mailing Address 5325 TATE AVE

City State Zip Code  
PLANO TX 75093-3433

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION SVP, REGIONAL OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2012  
**Transaction ID : PR1592857729131**

Amount of Each Receipt this Period  
120.00

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

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

Mailing Address 401 N.CHURCH ST

City State Zip Code  
MCKINNEY TX 75069

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP, IT TECHNOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1080.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2012  
**Transaction ID : PR1592858229131**

Amount of Each Receipt this Period  
135.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 372.00

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

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

|   |  |   |   |  |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 12 OF 66   |   |  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 | <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 | <input type="checkbox"/> 12<br><input type="checkbox"/> 16 |

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

**A. CORDELIA BARBERA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 CHEYENNE DR  
 City DESOTO State TX Zip Code 75115-7778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, APPLIED CLIN INFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : PR1592858329131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. WEBB COCHRAN**  
 Full Name (Last, First, Middle Initial)  
 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, GOVT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : PR1594942629131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. JAY MIRANDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15871 SW 148 TERRACE  
 City MIAMI State FL Zip Code 33196-5701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORAL GABLES HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : PR1734839229131**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 13 OF 66   |
| <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**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. LEA D FOURKILLER</b>   |                                      | Date of Receipt   |
| Mailing Address 13219 GEORGE STREET   |                                      | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                                | Zip Code  |
| FARMERS BRANCH  | TX                                   | 75234-5206  |
| FEC ID number of contributing federal political committee.  |                                      | Transaction ID : <b>PR1735529129131</b>   |
| <input type="text" value="C"/>  |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="132.00"/>   |
| Name of Employer  | Occupation                           | P/R Deduction (\$44.00 Bi-Weekly)   |
| TENET PATIENT FINCL SVCS  | VP & CHIEF COMP OFFICER              |   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1056.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MARK D BEATTY</b>  |                                     | Date of Receipt   |
| Mailing Address 6905 SONOMA   |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| IRVING  | TX                                  | 75039-3071  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR1735904629131</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="30.00"/>  |
| Name of Employer  | Occupation                          | P/R Deduction (\$10.00 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION  | SENIOR COUNSEL                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="240.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JASON E EVANS</b>  |                                     | Date of Receipt   |
| Mailing Address 676 BRYN MAHR LANE  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| ROCKWALL  | TX                                  | 75087-6018  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR1735905229131</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="117.00"/>   |
| Name of Employer  | Occupation                          | P/R Deduction (\$39.00 Bi-Weekly)   |
| LAKE POINTE MEDICAL CENTER  | CEO                                 |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="796.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="279.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DINA L DUNN</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 3717 CHERRY RIDGE DR  |                                    | <b>Transaction ID : PR1735906029131</b>                    |
| City<br>FRISCO  | State<br>TX                        | Zip Code<br>75034-1328                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>75.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP, HR HOSPITAL OPS  | P/R Deduction (\$25.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JEREMY D FALKE</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 18726 OLIVE STREET  |                                    | <b>Transaction ID : PR1736192229131</b>                    |
| City<br>OMAHA   | State<br>NE                        | Zip Code<br>68136-1229                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>57.00                |
| Name of Employer<br>CREIGHTON UNIVERSITY MEDICAL CENTER   | Occupation<br>CHIEF HR OFFICER     | P/R Deduction (\$19.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>272.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CHAD W LAND</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 215 DURANGO DRIVE   |                                    | <b>Transaction ID : PR1752747829131</b>                    |
| City<br>TROPHY CLUB   | State<br>TX                        | Zip Code<br>76262-5294                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>30.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>MGR, AUDIT SVCS      | P/R Deduction (\$10.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 162.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 66                |
|   | <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. DANIEL WALDMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 N. MONTCLAIR AVE

City DALLAS State TX Zip Code 75208-3520

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOVERNMENT RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2304.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1814798529131**

Amount of Each Receipt this Period 288.00

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

**B. STEVEN SIMMONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 526 HAMPSHIRE RD

City DREXEL HILL State PA Zip Code 19026-1306

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

Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CHIEF HR OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR2069159829131**

Amount of Each Receipt this Period 30.00

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

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

Mailing Address 4050 SPALDING DR

City ATLANTA State GA Zip Code 30350-1100

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR2069711429131**

Amount of Each Receipt this Period 57.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 16 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. GREGORY S MANIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3305 STONEBROOK DR  
 City RICHARDSON State TX Zip Code 75082-3667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DOCTORS HOSPITAL AT WHITE ROCK LAKE Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2070027429131**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. PATRICIA DURAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8017 BOWEN RD  
 City EL PASO State TX Zip Code 79915-4701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation CNO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **320.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2173741729131**  
 Amount of Each Receipt this Period **15.00**  
 P/R Deduction (\$5.00 Bi-Weekly)

**C. MARK P LISA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 391 E MILGEO AVE  
 City RIPON State CA Zip Code 95366-2120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DOCTORS HOSPITAL OF MANTECA Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **796.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2174141229131**  
 Amount of Each Receipt this Period **117.00**  
 P/R Deduction (\$39.00 Bi-Weekly)

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>162.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 17 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. ANDREAS M GRAF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3975 STOCKTON LANE  
 City DALLAS State TX Zip Code 75287-4921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, TRAVEL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **323.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2174212729131**  
 Amount of Each Receipt this Period **57.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JOHN TRESSA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4229 RILEY ST  
 City HOUSTON State TX Zip Code 77005-3546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARK PLAZA HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2174300629131**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. ROBERT J CUNNAH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 VILLAGIO WEST  
 City PALM SPRINGS State CA Zip Code 92262-6395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2174361629131**  
 Amount of Each Receipt this Period **150.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>237.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 66                |
|   | <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. HENRY T HUDSON III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 79885 CIEGO DRIVE  
 City BERMUDA DUNES State CA Zip Code 92203-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CHIEF HR OFFICER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2174385929131**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. VANESSA BENAVIDES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3818 CEDAR SPR #101-322  
 City DALLAS State TX Zip Code 75219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CORP COMPLIANCE OFFICER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **663.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2174558729131**  
 Amount of Each Receipt this Period **117.00**  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. CATHRYN H FRASER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 272 ENCLAVES COURT  
 City COPPELL State TX Zip Code 75019-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, HUMAN RESOURCES  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2304.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2174559929131**  
 Amount of Each Receipt this Period **288.00**  
 P/R Deduction (\$96.00 Bi-Weekly)

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>435.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. ALVIN W JOSEPHS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3717 HERWOL AVE  
City WACO State TX Zip Code 76710-7218  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, COMPLNCE POLICY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR2174561229131**  
Amount of Each Receipt this Period 117.00  
P/R Deduction (\$39.00 Bi-Weekly)

**B. JOHN P LANDINO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 911 LAKE BREEZE  
City HIGHLAND VILLAGE State TX Zip Code 75077-6491  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP PHY RELT PROG,BUS DEV  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR2174561729131**  
Amount of Each Receipt this Period 117.00  
P/R Deduction (\$39.00 Bi-Weekly)

**C. BRUCE MEARS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10312 ARVIN HILL RD  
City AUBREY State TX Zip Code 76227-6847  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, IS OPERATIONS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR2174562629131**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 264.00  
**TOTAL** This Period (last page this line number only).....▶

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 20 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JEFFREY PATTERSON</b>  |                                     | Date of Receipt   |
| Mailing Address 3806 HARLEN DRIVE   |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| SACHSE  | TX                                  | 75048-1912  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR2174563229131</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="30.00"/>  |
| Name of Employer  | Occupation                          | P/R Deduction (\$10.00 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION  | SR DIR, BUSINESS DEV                |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="240.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GEORGE PIETRI</b>  |                                     | Date of Receipt   |
| Mailing Address 2908 LIGHTHOUSE DR  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| DENTON  | TX                                  | 76210-0094  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR2174563429131</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="30.00"/>  |
| Name of Employer  | Occupation                          | P/R Deduction (\$10.00 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION  | MGR, REIMBURSEMENT                  |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="240.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. TIMOTHY RAPER</b>  |                                     | Date of Receipt   |
| Mailing Address 2333 SALISBURY CT   |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| LEWISVILLE  | TX                                  | 75056-5644  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR2174563929131</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="30.00"/>  |
| Name of Employer  | Occupation                          | P/R Deduction (\$10.00 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION  | DIR, AVIATION                       |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="240.00"/> |   |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="90.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>               |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 21 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RICHARD BECK</b>   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 107 WATERMAN  |                                      | <b>Transaction ID : PR2174566429131</b>                      |
| City<br>IRVINE  | State<br>CA                          | Zip Code<br>92602-1654                                       |
| FEC ID number of contributing federal political committee.<br>C   |                                      | Amount of Each Receipt this Period<br>30.00                  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>DIR, C&D - WESTERN DIV | P/R Deduction (\$10.00 Bi-Weekly)                            |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JEFFERY FLOCKEN</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 27 NEW DAWN   |  | <b>Transaction ID : PR2174567329131</b>                      |
| City<br>IRVINE  | State<br>CA                            | Zip Code<br>92620-1976                                       |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>300.00                 |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SVP, REGIONAL OPERATIONS | P/R Deduction (\$100.00 Bi-Weekly)                           |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2400.00    |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. KIMBERLY P BROWN</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 2634 FOREST PEBBLE  |                                    | <b>Transaction ID : PR2188376429131</b>                      |
| City<br>SAN ANTONIO   | State<br>TX                        | Zip Code<br>78232-4141                                       |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>30.00                  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SR DIR, COMPLIANCE   | P/R Deduction (\$10.00 Bi-Weekly)                            |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 360.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 66                |
|   | <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. PATRICIA SECHI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1231 FERDINAND ST  
#1802

City CORAL GABLES State FL Zip Code 33134-2167

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
456.00

Date of Receipt  
11 / 26 / 2012  
**Transaction ID : PR2216476829131**

Amount of Each Receipt this Period  
57.00

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

**B. JANE E HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 8050 ROYAL ST GEROGES LN

City DULUTH State GA Zip Code 30097-1647

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

Name of Employer ATLANTA MEDICAL CENTER Occupation DIR, SURGICAL SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 26 / 2012  
**Transaction ID : PR2236955729131**

Amount of Each Receipt this Period  
30.00

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

**C. SALLY A HURT-STEFFEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 WALTHAM CT

City EL PASO State TX Zip Code 79922-2128

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
11 / 26 / 2012  
**Transaction ID : PR2248480229131**

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 237.00

**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 OF 66                |
|   | <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. RUBEN O RODRIGUEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 6905 VILLA HERMOSA

City EL PASO State TX Zip Code 79912-2341

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, PLANT OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **11 / 26 / 2012**

**Transaction ID : PR2248482529131**

Amount of Each Receipt this Period **57.00**

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

**B. AMANDA EDMONDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4407 MILL CREEK RD

City DALLAS State TX Zip Code 75244-6718

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, MGD CARE PAY STRAT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 26 / 2012**

**Transaction ID : PR2248651629131**

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 3007 PATIO CR

City AUSTIN State TX Zip Code 78730

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, AMBULT SRGY GRP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 26 / 2012**

**Transaction ID : PR2248652529131**

Amount of Each Receipt this Period **30.00**

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

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

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. RICHARD E GLANCEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6516 VASCO WAY

|   |                                     |                        |
|---|-------------------------------------|------------------------|
| City<br>EL PASO   | State<br>TX                         | Zip Code<br>79912-1709 |
| FEC ID number of contributing federal political committee.<br>C   |                                     |                        |
| Name of Employer<br>SIERRA MEDICAL CENTER   | Occupation<br>DIR, EXTERNAL AFFAIRS |                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>936.00  |                        |

Date of Receipt  
11 / 26 / 2012  
**Transaction ID : PR2284144029131**

Amount of Each Receipt this Period  
117.00

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

**B. GLORIA M LOERA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3061 SNOWY POINT DR.

|   |                                    |                        |
|---|------------------------------------|------------------------|
| City<br>EL PASO   | State<br>TX                        | Zip Code<br>79938-5401 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |
| Name of Employer<br>SIERRA PROVIDENCE EASTSIDE HOSPITAL   | Occupation<br>DIR, NURSING         |                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |                        |

Date of Receipt  
11 / 26 / 2012  
**Transaction ID : PR2284265029131**

Amount of Each Receipt this Period  
30.00

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

**C. RICHARD A CHAPMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2990 TRAWOOD DR APT 9C

|   |                                    |                        |
|---|------------------------------------|------------------------|
| City<br>EL PASO   | State<br>TX                        | Zip Code<br>79936-4233 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |
| Name of Employer<br>SIERRA PROVIDENCE EASTSIDE HOSPITAL   | Occupation<br>DIR, PHARMACY SVCS   |                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |                        |

Date of Receipt  
11 / 26 / 2012  
**Transaction ID : PR2284266529131**

Amount of Each Receipt this Period  
30.00

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

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 177.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 25 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. BRADLEY C TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9438 THORNBERRY LANE  
 City DALLAS State TX Zip Code 75220-5145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, BUSINESS DEV  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **456.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2284285129131**  
 Amount of Each Receipt this Period **57.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. BRADLEY S TALBERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 PADDOCKS BLVD  
 City HILTON HEAD State SC Zip Code 29926-3507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HILTON HEAD HOSPITAL Occupation COO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2284452629131**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. LEONARD DEONARINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 WISHING WELL CT  
 City CEDAR HILL State TX Zip Code 75104-8255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, BUSINESS CONTINUITY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR2369247929131**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>117.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 26 OF 66                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

**A. MICHAEL BLACKBURN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4141 16TH STREET NE

City HICKORY State NC Zip Code 28601-8408

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

Name of Employer: FRYE REGIONAL MEDICAL CENTER Occupation: CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt: 11 / 26 / 2012  
**Transaction ID : PR2369304329131**

Amount of Each Receipt this Period: 114.00

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

**B. JOSEPH A DESANTIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 W LANCASTER AVE#413

City FT WORTH State TX Zip Code 76102-6669

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

Name of Employer: TENET HEALTHCARE CORPORATION Occupation: DIR, EXECUTIVE OFFICE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 26 / 2012  
**Transaction ID : PR2369313429131**

Amount of Each Receipt this Period: 30.00

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

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

Mailing Address 4118 CARLA STREET

City NACOGDOCHES State TX Zip Code 75965-2239

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

Name of Employer: NACOGDOCHES MEDICAL CENTER Occupation: DBD-ASSOC ADMINISTRATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 26 / 2012  
**Transaction ID : PR2369358729131**

Amount of Each Receipt this Period: 30.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 174.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MARY E MOORE</b>   |                                     | Date of Receipt   |
| Mailing Address 553 RENEE LANE  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| DESOTO  | TX                                  | 75115-5161  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR2369373929131</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="30.00"/>  |
| Name of Employer  | Occupation                          | P/R Deduction (\$10.00 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION  | DIR, ORG LEARNING & DEV             |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="240.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN SHORT</b>   |                                     | Date of Receipt   |
| Mailing Address 3108 CLYMER DR  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| PLANO   | TX                                  | 75025-5325  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR2387796629131</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="30.00"/>  |
| Name of Employer  | Occupation                          | P/R Deduction (\$10.00 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION  | VP, PERF MGMT & INNOVAT             |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="704.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PAUL A CASTANON</b>  |                                     | Date of Receipt   |
| Mailing Address 6307 PRESTON PKWY   |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| DALLAS  | TX                                  | 75205-1650  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR2398953029131</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="57.00"/>  |
| Name of Employer  | Occupation                          | P/R Deduction (\$19.00 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION  | VP & DEPUTY GNRL COUNSEL            |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="456.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="117.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|   |                                    |                        |  |
|---|------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STEPHEN D PRESTON</b>  |                                    |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 3680 VILLAGE CENTER LANE  |                                    |                        | <b>Transaction ID : PR2428718429131</b>                    |
| City<br>BIRMINGHAM  | State<br>AL                        | Zip Code<br>35226-6343 | Amount of Each Receipt this Period<br>57.00                |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |  |
| Name of Employer<br>BROOKWOOD MEDICAL CENTER  | Occupation<br>VP, EXTERNAL AFFAIRS |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>456.00 |                        | P/R Deduction (\$19.00 Bi-Weekly)                          |

|   |                                    |                        |  |
|---|------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JACQUELINE HERD</b>  |                                    |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 3571 CARRIAGE GLEN WAY  |                                    |                        | <b>Transaction ID : PR2441476029131</b>                    |
| City<br>DACULA  | State<br>GA                        | Zip Code<br>30019-4575 | Amount of Each Receipt this Period<br>30.00                |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |  |
| Name of Employer<br>ATLANTA MEDICAL CENTER  | Occupation<br>CNO                  |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |                        | P/R Deduction (\$10.00 Bi-Weekly)                          |

|   |                                       |                        |  |
|---|---------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. KELVIN A BAGGETT</b>   |                                       |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 6453 TULIP LANE   |                                       |                        | <b>Transaction ID : PR2444580829131</b>                    |
| City<br>DALLAS  | State<br>TX                           | Zip Code<br>75230-4148 | Amount of Each Receipt this Period<br>117.00               |
| FEC ID number of contributing federal political committee.<br>C   |                                       |                        |  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SVP, CHIEF MEDICAL OFCR |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>936.00    |                        | P/R Deduction (\$39.00 Bi-Weekly)                          |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 204.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 29 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. TYLER MURPHY</b>   |  | Date of Receipt<br>11 / 26 / 2012<br><b>Transaction ID : PR2444580929131</b> |
| Mailing Address 108 LONDONBERRY TERR.   |  | Amount of Each Receipt this Period<br>57.00                                  |
| City SOUTHLAKE State TX Zip Code 76092-7321   | FEC ID number of contributing federal political committee. C | P/R Deduction (\$19.00 Bi-Weekly)  |
| Name of Employer TENET HEALTHCARE CORPORATION Occupation VP AND TREASURER   | Aggregate Year-to-Date 456.00                                |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MR. JAMES M THATCHER</b>   |  | Date of Receipt<br>11 / 26 / 2012<br><b>Transaction ID : PR2460337929131</b> |
| Mailing Address 6608 CASTLE PINES DRIVE   |  | Amount of Each Receipt this Period<br>57.00                                  |
| City PLANO State TX Zip Code 75093-6378   | FEC ID number of contributing federal political committee. C | P/R Deduction (\$19.00 Bi-Weekly)  |
| Name of Employer TENET PATIENT FINCL SVCS Occupation SVP, BUS DEVELOPMENT   | Aggregate Year-to-Date 456.00                                |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MR COLLIN O LEMAISTRE</b>  |  | Date of Receipt<br>11 / 26 / 2012<br><b>Transaction ID : PR2460338029131</b> |
| Mailing Address 288 BOULDER LANE  |  | Amount of Each Receipt this Period<br>30.00                                  |
| City NACOGDOCHES State TX Zip Code 75965-7006   | FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.00 Bi-Weekly)  |
| Name of Employer NACOGDOCHES MEDICAL CENTER Occupation COO  | Aggregate Year-to-Date 240.00                                |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 144.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MS. ADELE PAULETT</b>                    |                                     | Date of Receipt   |
| Mailing Address 2843 THOMAS AVE   |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| DALLAS  | TX                                  | 75204-2651  |
| FEC ID number of contributing federal political committee.                                |                                     | <b>Transaction ID : PR2460338129131</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="30.00"/>  |
| Name of Employer  | Occupation                          |   |
| TENET HEALTHCARE CORPORATION  | SR DIR, MANAGED CARE                |   |
| Receipt For:  | Aggregate Year-to-Date ▼            | P/R Deduction (\$10.00 Bi-Weekly)   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="240.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼  |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MR. JAMES M COWLING</b>                  |                                     | Date of Receipt   |
| Mailing Address 111 SUNSET COVE   |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| PALM BEACH GARDENS  | FL                                  | 33418-4607  |
| FEC ID number of contributing federal political committee.                                |                                     | <b>Transaction ID : PR2460338229131</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="57.00"/>  |
| Name of Employer  | Occupation                          |   |
| PALM BEACH GARDENS MEDICAL CENTER   | CEO                                 |   |
| Receipt For:  | Aggregate Year-to-Date ▼            | P/R Deduction (\$19.00 Bi-Weekly)   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="456.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼  |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ALFRED SCHULS</b>                        |                                     | Date of Receipt   |
| Mailing Address 5017 PROSPERITY RIDGE RD  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| CHARLOTTE   | NC                                  | 28269-1538  |
| FEC ID number of contributing federal political committee.                                |                                     | <b>Transaction ID : PR2484168129131</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="30.00"/>  |
| Name of Employer  | Occupation                          |   |
| PIEDMONT MEDICAL CENTER   | DIR, CARDIOVASCULAR SVCS            |   |
| Receipt For:  | Aggregate Year-to-Date ▼            | P/R Deduction (\$10.00 Bi-Weekly)   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="240.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼  |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="117.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ROBIN MONTOYA</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 6504 WIND RIDGE   |                                    | <b>Transaction ID : PR2491650529131</b>                    |
| City EL PASO  | State TX                           | Zip Code 79912-3211  |
| FEC ID number of contributing federal political committee.  | C                                  | Amount of Each Receipt this Period<br>30.00                |
| Name of Employer<br>SIERRA PROVIDENCE EASTSIDE HOSPITAL   | Occupation<br>DIR, MARKETING       | P/R Deduction (\$10.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BENSON P CHACKO</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address PO BOX 963040   |                                       | <b>Transaction ID : PR2491650629131</b>                    |
| City EL PASO  | State TX                              | Zip Code 79996-3040  |
| FEC ID number of contributing federal political committee.  | C                                     | Amount of Each Receipt this Period<br>30.00                |
| Name of Employer<br>SIERRA PROVIDENCE EASTSIDE HOSPITAL   | Occupation<br>DBD-ASSOC ADMINISTRATOR | P/R Deduction (\$10.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00    |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. DENISE F BERGER</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 1504 COUNTRY BEND   |                                       | <b>Transaction ID : PR2492160329131</b>                    |
| City SAINT CHARLES  | State MO                              | Zip Code 63303-2512  |
| FEC ID number of contributing federal political committee.  | C                                     | Amount of Each Receipt this Period<br>75.00                |
| Name of Employer<br>DES PERES HOSPITAL  | Occupation<br>HOSPITAL COMPLIANCE OFF | P/R Deduction (\$25.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00    |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 66                |
|   | <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. MOISES PADILLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 NE 5TH ST #251

City FT LAUDERDALE State FL Zip Code 33301-3461

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

Name of Employer TENET PATIENT FINCL SVCS Occupation DIR, PA MARKET

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012

**Transaction ID : PR2544117829131**

Amount of Each Receipt this Period  
 30.00

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

**B. WILLIAM M LOWES**  
Full Name (Last, First, Middle Initial)

Mailing Address 428 TRIBAL WOODS ROAD

City COLLIERVILLE State TN Zip Code 38017-3404

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

Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT Occupation DBD-ASSOC ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012

**Transaction ID : PR2553828729131**

Amount of Each Receipt this Period  
 30.00

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

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

Mailing Address 7055 ORCHARD VIEW

City EDMOND State OK Zip Code 73025-1743

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REG PHYS DEVELOPMNT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012

**Transaction ID : PR2560347529131**

Amount of Each Receipt this Period  
 30.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 33 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ROB FINNEGAN</b>   |                                    | Date of Receipt<br>11 / 26 / 2012<br><b>Transaction ID : PR2561467829131</b> |
| Mailing Address 2804 CARRIAGE TRAIL   |                                    | Amount of Each Receipt this Period<br>57.00                                  |
| City MCKINNEY   | State TX                           | Zip Code 75070-4306  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | P/R Deduction (\$19.00 Bi-Weekly)  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SR DIR, FINANCE ASC  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>456.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERT B SHAPPLEY</b>  |                                    | Date of Receipt<br>11 / 26 / 2012<br><b>Transaction ID : PR2570296129131</b> |
| Mailing Address 1043 HUMPHREY OAKS CIR.   |                                    | Amount of Each Receipt this Period<br>57.00                                  |
| City MEMPHIS  | State TN                           | Zip Code 38120-2626  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | P/R Deduction (\$19.00 Bi-Weekly)  |
| Name of Employer<br>SAINT FRANCIS HOSPITAL  | Occupation<br>ASSOC. ADMINISTRATOR |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>304.00 |  |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. COREY L DAVISON</b>  |                                      | Date of Receipt<br>11 / 26 / 2012<br><b>Transaction ID : PR2571027629131</b> |
| Mailing Address 2700 CREPE MYRTLE DRIVE   |                                      | Amount of Each Receipt this Period<br>117.00                                 |
| City FLOWER MOUND   | State TX                             | Zip Code 75028-3617  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      | P/R Deduction (\$39.00 Bi-Weekly)  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SR DIR, GOVT RELATIONS |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>858.00   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 231.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                      |            |   |
|---|--------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BRITT REYNOLDS</b>   |                                      |            | Date of Receipt   |
| Mailing Address 3201 WENTWOOD DRIVE   |                                      |            | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                                | Zip Code   | <b>Transaction ID : PR2577650629131</b>   |
| DALLAS  | TX                                   | 75225-4845 | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       |            | <input type="text" value="288.45"/>   |
| Name of Employer  | Occupation                           |            | P/R Deduction (\$96.15 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION  | PRESIDENT OF HOSPITAL OPERATIONS     |            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼             |            |   |
|   | <input type="text" value="1346.10"/> |            |   |

|   |                                     |            |   |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. TIM ADAMS</b>  |                                     |            | Date of Receipt   |
| Mailing Address 2408 UNIVERSITY CLUB DRIVE  |                                     |            | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code   | <b>Transaction ID : PR2597259629131</b>   |
| AUSTIN  | TX                                  | 78732-2052 | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |            | <input type="text" value="288.00"/>   |
| Name of Employer  | Occupation                          |            | P/R Deduction (\$96.00 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION  | SVP REGIONAL OPERATIONS             |            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼            |            |   |
|   | <input type="text" value="768.00"/> |            |   |

|   |                                     |            |   |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. RAYMOND J FOSTER</b>   |                                     |            | Date of Receipt   |
| Mailing Address 68220 CONCEPCION RD   |                                     |            | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code   | <b>Transaction ID : PR405218729131</b>  |
| CATHEDRAL CITY  | CA                                  | 92234-3657 | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |            | <input type="text" value="30.00"/>  |
| Name of Employer  | Occupation                          |            | P/R Deduction (\$10.00 Bi-Weekly)   |
| DESERT REGIONAL MEDICAL CENTER  | DIR-IMAGING SERVICES                |            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼            |            |   |
|   | <input type="text" value="240.00"/> |            |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="606.45"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 OF 66                |
|   | <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. CYNTHIA Z BECKMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1811 N PARK TOWNE PL

City PHILADELPHIA State PA Zip Code 19130-3601

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, LITIGATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR406762029131**

Amount of Each Receipt this Period 30.00

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

**B. MICHAEL HALTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 RIGHTERS MILL RD

City PENN VALLEY State PA Zip Code 19072-1312

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

Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR406763229131**

Amount of Each Receipt this Period 57.00

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

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

Mailing Address 7243 BAXTERSHIRE DRIVE

City DALLAS State TX Zip Code 75230-3170

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, QUALITY MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407201329131**

Amount of Each Receipt this Period 57.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 144.00

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 36 OF 66                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. THOMAS WOLF</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 2613 MILLINGTON DRIVE   |                                    | <b>Transaction ID : PR407205129131</b>                     |
| City<br>PLANO   | State<br>TX                        | Zip Code<br>75093-3560                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>48.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>MGR, REIMBURSEMENT   | P/R Deduction (\$16.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>384.00 |  |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. HANK D IRICK JR.</b>   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 3305 ELAM CT  |                                      | <b>Transaction ID : PR407205829131</b>                     |
| City<br>PLANO   | State<br>TX                          | Zip Code<br>75093-8087                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                      | Amount of Each Receipt this Period<br>30.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SR DIR, COST REPORTING | P/R Deduction (\$10.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00   |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. WILLIAM R WATTS</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 7504 DANFIELD CT  |                                    | <b>Transaction ID : PR407209429131</b>                     |
| City<br>DALLAS  | State<br>TX                        | Zip Code<br>75252-6823                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>30.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SR DIR, INFO SYSTEMS | P/R Deduction (\$10.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 108.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. STEVE BROWN</b>  |                                      | Date of Receipt   |
| Mailing Address 16 SARAH NASH CT  |                                      | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                                | Zip Code  |
| DALLAS  | TX                                   | 75225-2072  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : PR407210629131</b>  |
| Name of Employer  | Occupation                           | Amount of Each Receipt this Period  |
| TENET HEALTHCARE CORPORATION  | EVP, CHIEF INFO OFFICER              | <input type="text" value="570.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼             | P/R Deduction (\$190.00 Bi-Weekly)  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="4560.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN B MCDONALD</b>  |                                     | Date of Receipt   |
| Mailing Address 2230 WARNER ROAD  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| FORT WORTH  | TX                                  | 76110-1752  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : PR407215829131</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| TENET HEALTHCARE CORPORATION  | VP, A&D                             | <input type="text" value="114.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            | P/R Deduction (\$38.00 Bi-Weekly)   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="912.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. WAYNE E COBB</b>   |                                     | Date of Receipt   |
| Mailing Address 4001 ORCHID LANE  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| MANSFIELD   | TX                                  | 76063-5577  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : PR407216429131</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| TENET HEALTHCARE CORPORATION  | MGR, TAX                            | <input type="text" value="30.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            | P/R Deduction (\$10.00 Bi-Weekly)   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="240.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="714.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 OF 66                |
|   | <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. SHERRY J HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 NIGHT HERON PL

City HICKORY State NC Zip Code 28601-8806

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407219729131**

Amount of Each Receipt this Period 60.00

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

**B. JAMES E MCPARTLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 2345 TIMBERLAKE CIR

City ALLEN State TX Zip Code 75013-5835

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, PATIENT MGMT SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407221529131**

Amount of Each Receipt this Period 57.00

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

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

Mailing Address 6304 CARMEL FALLS CT

City MCKINNEY State TX Zip Code 75070-8768

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

Name of Employer CENTENNIAL MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407222129131**

Amount of Each Receipt this Period 114.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 231.00

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 39 OF 66   |
| <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. ROBERT S HENDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11122 W RICKS CIRCLE  
 City DALLAS State TX Zip Code 75230-3032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation REGIONAL CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407222829131**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. CONLEY S CERVANTES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 819 CAMBRIDGE MANOR LANE  
 City COPPELL State TX Zip Code 75019-6105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, MANAGED CARE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407224729131**  
 Amount of Each Receipt this Period 36.00  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. DOUGLAS E RABE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7746 EAGLE TRAIL  
 City DALLAS State TX Zip Code 75238-4115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, TAXATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407227329131**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 246.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL S HONGOLA</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 6704 WESTMONT DRIVE   |                                    | <b>Transaction ID : PR407227629131</b>                     |
| City COLLEYVILLE  | State TX                           | Zip Code 76034-7263  |
| FEC ID number of contributing federal political committee.  | C                                  |  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP, INFO SYSTEMS     | Amount of Each Receipt this Period<br>60.00                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>480.00 | P/R Deduction (\$20.00 Bi-Weekly)                          |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SANDRA HILL</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 2008 HAVERSHAM DRIVE  |                                    | <b>Transaction ID : PR407228929131</b>                     |
| City FLOWER MOUND   | State TX                           | Zip Code 75022-8440  |
| FEC ID number of contributing federal political committee.  | C                                  |  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>DIR, DOC & TRAINING  | Amount of Each Receipt this Period<br>30.00                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 | P/R Deduction (\$10.00 Bi-Weekly)                          |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. GARY K RUFF</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 714 KENT CT   |                                     | <b>Transaction ID : PR407229229131</b>                     |
| City SOUTHLAKE  | State TX                            | Zip Code 76092-8868  |
| FEC ID number of contributing federal political committee.  | C                                   |  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SVP & GENERAL COUNSEL | Amount of Each Receipt this Period<br>288.00               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2976.00 | P/R Deduction (\$96.00 Bi-Weekly)                          |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 378.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 41 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. WILLIAM T MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3014 CASTLE PINES DRIVE  
 City DULUTH State GA Zip Code 30097-2039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATLANTA MEDICAL CENTER Occupation MARKET CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407231829131**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. JOHN QUINN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1138 PINE VALLEY ROAD  
 City GRIFFIN State GA Zip Code 30224-4953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407236029131**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. CHARLES MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 747 MENDENHALL CT  
 City FORT MILL State SC Zip Code 29715-7852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PIEDMONT MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407241429131**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 231.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 OF 66                |
|   | <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. JOHN F HOLLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 3610 EDGEWATER STREET

City DALLAS State TX Zip Code 75205-4317

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2304.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407242929131**

Amount of Each Receipt this Period 288.00

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

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

Mailing Address 264 IDLEWILDE LANE

City SANFORD State NC Zip Code 27332-9304

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

Name of Employer CENTRAL CAROLINA HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407244829131**

Amount of Each Receipt this Period 105.00

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

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

Mailing Address 528 W 51ST ST

City MIAMI BEACH State FL Zip Code 33140-2611

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

Name of Employer HIALEAH HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407245329131**

Amount of Each Receipt this Period 60.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 453.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 43 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MARK H BRYAN</b>   |   | Date of Receipt<br>11 / 26 / 2012<br><b>Transaction ID : PR407247529131</b> |
| Mailing Address 7480 KINGS MOUNTAIN ROAD  |   | Amount of Each Receipt this Period<br>30.00                                 |
| City VESTAVIA State AL Zip Code 35242-2581  | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$10.00 Bi-Weekly)   |
| Name of Employer DELRAY MEDICAL CENTER Occupation CEO   | Aggregate Year-to-Date 240.00                                       |   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GARRY L GAUSE</b>  |   | Date of Receipt<br>11 / 26 / 2012<br><b>Transaction ID : PR407248729131</b> |
| Mailing Address 1150 LAKE COLANY LANE   |   | Amount of Each Receipt this Period<br>30.00                                 |
| City VESTAVIA HILLS State AL Zip Code 35242-7423  | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$10.00 Bi-Weekly)   |
| Name of Employer BROOKWOOD MEDICAL CENTER Occupation CEO  | Aggregate Year-to-Date 240.00                                       |   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ROBERTA STEWART</b>  |   | Date of Receipt<br>11 / 26 / 2012<br><b>Transaction ID : PR407249729131</b> |
| Mailing Address 27291 CALLE DE LA ROSA  |   | Amount of Each Receipt this Period<br>30.00                                 |
| City SAN JUAN CAPO State CA Zip Code 92675-1873   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$10.00 Bi-Weekly)   |
| Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, BUSINESS DEV   | Aggregate Year-to-Date 240.00                                       |   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 OF 66                |
|   | <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. DAVID L ARCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2594 HOCKSETT COVE  
 City GERMANTOWN State TN Zip Code 38139-6655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAINT FRANCIS HOSPITAL Occupation MARKET CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2304.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407250429131**  
 Amount of Each Receipt this Period 288.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. SUELLEN SMITH**  
 Full Name (Last, First, Middle Initial)  
 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, PMI TEAM LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407254529131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. KIM C PULLIAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3016 DUPLEX ROAD  
 City SPRING HILL State TN Zip Code 37174-9216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, C&D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407255129131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 348.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. TERRY WHEELER</b>  |                                     | Date of Receipt   |
| Mailing Address 13802 MAGNOLIA MANOR  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| CYPRESS   | TX                                  | 77429-8162  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR407265629131</b>  |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="105.00"/>   |
| Name of Employer  | Occupation                          | P/R Deduction (\$35.00 Bi-Weekly)   |
| CYPRESS FAIRBANKS MEDICAL CENTER  | CEO                                 |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="840.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GARY L HONTS JR.</b>   |                                     | Date of Receipt   |
| Mailing Address 7707 N 127TH AVE  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| OMAHA   | NE                                  | 68142-1723  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR407266429131</b>  |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="117.00"/>   |
| Name of Employer  | Occupation                          | P/R Deduction (\$39.00 Bi-Weekly)   |
| CREIGHTON UNIVERSITY MEDICAL CENTER   | CEO                                 |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="864.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. RICHARD D CARTER</b>   |                                     | Date of Receipt   |
| Mailing Address 5166 LAKE CREST CR  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| BIRMINGHAM  | AL                                  | 35217-3543  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR407269129131</b>  |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="30.00"/>  |
| Name of Employer  | Occupation                          | P/R Deduction (\$10.00 Bi-Weekly)   |
| BROOKWOOD MEDICAL CENTER  | CFO                                 |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="240.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="252.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 OF 66                |
|   | <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. SAMUEL G HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 933 HAVENHURST

City WEST HOLLYWOOD State CA Zip Code 90046-6919

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REG REIMBURSEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407271129131**

Amount of Each Receipt this Period 30.00

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

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

Mailing Address 23510 BERDON STREET

City WOODLAND HILLS State CA Zip Code 91367-3004

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOVT PROGRAMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407274129131**

Amount of Each Receipt this Period 120.00

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

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

Mailing Address 3 TURTLE BAY DRIVE

City NEWPORT BEACH State CA Zip Code 92660-4266

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

Name of Employer PLACENTIA LINDA HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407278129131**

Amount of Each Receipt this Period 114.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 264.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                    |                        |  |
|---|------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GARY J SLOAN</b>   |                                    |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 615 STEVENS CT  |                                    |                        | <b>Transaction ID : PR407278829131</b>                     |
| City<br>DANVILLE  | State<br>CA                        | Zip Code<br>94506-4805 | Amount of Each Receipt this Period<br>57.00                |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |  |
| Name of Employer<br>SAN RAMON REGION MEDICAL CENTER   | Occupation<br>CEO                  |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>456.00 |                        | P/R Deduction (\$19.00 Bi-Weekly)                          |

|   |                                    |                        |  |
|---|------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CANDACE MARKWITH</b>   |                                    |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 980 ISABELLA WAY  |                                    |                        | <b>Transaction ID : PR407280329131</b>                     |
| City<br>SAN LUIS OBISPO   | State<br>CA                        | Zip Code<br>93405-6186 | Amount of Each Receipt this Period<br>117.00               |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |  |
| Name of Employer<br>SIERRA VISTA REGIONAL MEDICAL CENTER  | Occupation<br>CEO                  |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>936.00 |                        | P/R Deduction (\$39.00 Bi-Weekly)                          |

|   |                                    |                        |  |
|---|------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RODNEY A REASONER</b>  |                                    |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 1960 MARY LEE LN  |                                    |                        | <b>Transaction ID : PR407280929131</b>                     |
| City<br>ALLEN   | State<br>TX                        | Zip Code<br>75002-8528 | Amount of Each Receipt this Period<br>114.00               |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP, FINANCE          |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>912.00 |                        | P/R Deduction (\$38.00 Bi-Weekly)                          |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 288.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 OF 66                |
|   | <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. MICHELE M FINNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 21521 TURTLEDOVE STREET

City TRABUCO CANYON State CA Zip Code 92679-3486

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

Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407283929131**

Amount of Each Receipt this Period 114.00

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

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

Mailing Address 38041 E.BOGERT TRAIL

City PALM SPRINGS State CA Zip Code 92264-9638

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

Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR407288729131**

Amount of Each Receipt this Period 114.00

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

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

Mailing Address 102 WILMINGTON CT

City SOUTHLAKE State TX Zip Code 76092-8492

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR839152229131**

Amount of Each Receipt this Period 114.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 342.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. LINDA K MERCIER</b> |                                     | Date of Receipt   |
| Mailing Address 14 COLUMBIA CREST PLACE                              |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City   | State                               | <b>Transaction ID : PR839173329131</b>  |
| WOODLANDS  | TX                                  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.           | Zip Code                            | <input type="text" value="117.00"/>   |
|  | 77382-1334                          |   |
| Name of Employer   | Occupation                          | P/R Deduction (\$39.00 Bi-Weekly)   |
| HOUSTON NW MEDICAL CENTER  | CEO                                 |   |
| Receipt For:   | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General    | <input type="text" value="776.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                           |                                     |   |

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JEFFREY S DOSSETT</b> |                                     | Date of Receipt   |
| Mailing Address 557 LACROIX WAY  |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City   | State                               | <b>Transaction ID : PR839426529131</b>  |
| COLUMBIA   | IL                                  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.             | Zip Code                            | <input type="text" value="30.00"/>  |
|  | 62236-2853                          |   |
| Name of Employer   | Occupation                          | P/R Deduction (\$10.00 Bi-Weekly)   |
| SAINT LOUIS UNIVERSITY HOSPITAL  | DIR, IMAGING SVCS                   |   |
| Receipt For:   | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General      | <input type="text" value="240.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                             |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. EDWARD MESCO</b> |                                     | Date of Receipt   |
| Mailing Address 7365 NW 54TH STREET                               |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | <b>Transaction ID : PR839477829131</b>  |
| LAUDERHILL  | FL                                  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.        | Zip Code                            | <input type="text" value="75.00"/>  |
|   | 33319-6346                          |   |
| Name of Employer  | Occupation                          | P/R Deduction (\$25.00 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION                                      | DIR, REG REIMBURSEMENT              |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="600.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="222.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>       |

**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 50 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. MATTHEW C MICHAELS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3507 MUNSTEAD TRAIL  
 City FRISCO State TX Zip Code 75033-1166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET PATIENT FINCL SVCS Occupation SVP, HOSPITAL OPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR839525729131**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. AUDREY T ANDREWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 PENFOLDS  
 City COPPELL State TX Zip Code 75019-4544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF COMPL OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4608.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR840566929131**  
 Amount of Each Receipt this Period 576.00  
 P/R Deduction (\$192.00 Bi-Weekly)

**C. CHARLES R HARBISON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4009 INSPIRATION CIRCLE  
 City CARROLLTON State TX Zip Code 75010-6418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, FINANCE A&D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR840641029131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 663.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 OF 66                |
|   | <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. DEBORAH DALEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 757

|   |                                     |                        |
|---|-------------------------------------|------------------------|
| City<br>EDGEWOOD  | State<br>TX                         | Zip Code<br>75117-0757 |
| FEC ID number of contributing federal political committee.<br>C   |                                     |                        |
| Name of Employer<br>TENET HEALTHSYSTEM-TEXAS  | Occupation<br>ASST - ADMINISTRATIVE |                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>480.00  |                        |

Date of Receipt  
11 / 26 / 2012  
**Transaction ID : PR840706229131**

Amount of Each Receipt this Period  
60.00

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

**B. DAVID W BORDOFSKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5001 ASHLAND BELLE LANE

|   |                                    |                        |
|---|------------------------------------|------------------------|
| City<br>FRISCO  | State<br>TX                        | Zip Code<br>75035-7682 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP, CLINICAL SYSTEMS |                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>960.00 |                        |

Date of Receipt  
11 / 26 / 2012  
**Transaction ID : PR840924629131**

Amount of Each Receipt this Period  
120.00

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

**C. INEZ VARGAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1219 CHERRY SPRING

|   |                                      |                        |
|---|--------------------------------------|------------------------|
| City<br>HOUSTON   | State<br>TX                          | Zip Code<br>77038-2117 |
| FEC ID number of contributing federal political committee.<br>C   |                                      |                        |
| Name of Employer<br>TENET PATIENT FINCL SVCS  | Occupation<br>DIR, REV CYCLE MGMT II |                        |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00   |                        |

Date of Receipt  
11 / 26 / 2012  
**Transaction ID : PR840961329131**

Amount of Each Receipt this Period  
30.00

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

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 210.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 52 OF 66                |
|   | <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. MARITA COVARRUBIAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7115 WILDGROVE AVE  
 City DALLAS State TX Zip Code 75214-3841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & ASST GENERAL COUNSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR841446729131**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. HOAI-SON L NGUYEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 PRINCE ALBERT CT  
 City RICHARDSON State TX Zip Code 75081-5059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, IS HR/PR & RPT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR841515829131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. JOHN TILLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1221 WENTWOOD  
 City IRVING State TX Zip Code 75061-4456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & ASST GENERAL COUNSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR842232429131**  
 Amount of Each Receipt this Period 225.00  
 P/R Deduction (\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 312.00  
**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 53 OF 66                |
|   | <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. ELIZABETH JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3302 MARSH LANE  
City GRAPEVINE State TX Zip Code 76051-6828  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, APPLIED CLINICAL INF  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **912.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR842373129131**  
Amount of Each Receipt this Period **114.00**  
P/R Deduction (\$38.00 Bi-Weekly)

**B. JUDITH STIMSON-RUSIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11807 LITTLESTONE CT  
City WEST PALM BEACH State FL Zip Code 33412-1621  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CFO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR842449829131**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**C. BARBARA H ZURZOLO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13 GREENBRIAR LANE  
City PAOLI State PA Zip Code 19301-1907  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR. MANAGING COUNSEL  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR843854929131**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **174.00**  
**TOTAL** This Period (last page this line number only).....

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. LESTER G COTTLE</b> |                                     | Date of Receipt   |
| Mailing Address 1625 FAWN LN   |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City   | State                               | <b>Transaction ID : PR843874929131</b>  |
| HUNTINGDON VALLEY  | PA                                  | Amount of Each Receipt this Period  |
|  | Zip Code                            | <input type="text" value="57.00"/>  |
|  | 19006-7917                          |   |
| FEC ID number of contributing federal political committee.           | <input type="text" value="C"/>      | P/R Deduction (\$19.00 Bi-Weekly)   |
| Name of Employer   | Occupation                          |   |
| ST CHRISTOPHER'S HOSPITAL FOR CHILDREN                               | CFO                                 |   |
| Receipt For:   | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General    | <input type="text" value="456.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                           |                                     |   |

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. SANDRA C HOLMAN</b> |                                     | Date of Receipt   |
| Mailing Address 3874 HEATHERBROOK TRAIL                              |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City   | State                               | <b>Transaction ID : PR843888129131</b>  |
| VALE   | NC                                  | Amount of Each Receipt this Period  |
|  | Zip Code                            | <input type="text" value="30.00"/>  |
|  | 28168-9570                          |   |
| FEC ID number of contributing federal political committee.           | <input type="text" value="C"/>      | P/R Deduction (\$10.00 Bi-Weekly)   |
| Name of Employer   | Occupation                          |   |
| FRYE REGIONAL MEDICAL CENTER   | DIR, RADIOLOGY                      |   |
| Receipt For:   | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General    | <input type="text" value="240.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                           |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JORGE DIAZ</b>   |                                     | Date of Receipt   |
| Mailing Address 1350 SW 122 AVE APT 221                           |                                     | <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                               | <b>Transaction ID : PR844460329131</b>  |
| MIAMI   | FL                                  | Amount of Each Receipt this Period  |
|   | Zip Code                            | <input type="text" value="30.00"/>  |
|   | 33184-2864                          |   |
| FEC ID number of contributing federal political committee.        | <input type="text" value="C"/>      | P/R Deduction (\$10.00 Bi-Weekly)   |
| Name of Employer  | Occupation                          |   |
| CORAL GABLES HOSPITAL   | DIR, CARDIOPULMONARY                |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="240.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="117.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 OF 66                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MANUEL LINARES</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 7935 EAST DRIVE#901   |                                    | <b>Transaction ID : PR844477229131</b>                     |
| City NORTH BAY VILLAGE  | State FL                           | Zip Code 33141-3687  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>114.00               |
| Name of Employer<br>NORTH SHORE MEDICAL CENTER  | Occupation<br>CEO                  | P/R Deduction (\$38.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>912.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PATRICIA L BRAINERD</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 5412 GLENSHIRE DR   |                                     | <b>Transaction ID : PR844644429131</b>                     |
| City PLANO  | State TX                            | Zip Code 75093-2800  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>150.00               |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SR DIR, CORP COMMUN   | P/R Deduction (\$50.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1200.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. STEVEN B BARR</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 26 / 2012 |
| Mailing Address 1300 BINZ   |                                    | <b>Transaction ID : PR844656629131</b>                     |
| City HOUSTON  | State TX                           | Zip Code 77004-7016  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>57.00                |
| Name of Employer<br>PLAZA SPECIALTY HOSPITAL  | Occupation<br>CEO                  | P/R Deduction (\$19.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>456.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 321.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 OF 66                |
|   | <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. THOMAS I RUNKLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 868B PENNOCK ST  
City PHILADELPHIA State PA Zip Code 19130-1234  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation DIRECTOR OF OPERATIONS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR844712829131**  
Amount of Each Receipt this Period 57.00  
P/R Deduction (\$19.00 Bi-Weekly)

**B. LYNNE SCROGGINS**  
Full Name (Last, First, Middle Initial)  
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 / 26 / 2012  
**Transaction ID : PR844786229131**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C. ANTHONY BAIRD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4940 PIKES PEAK  
City EL PASO State TX Zip Code 79904-2023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation ADMIN DIR DCQI  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR846311929131**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 117.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 57 OF 66   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. KAREN R FOWLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8306 TURQUOISE  
 City EL PASO State TX Zip Code 79904-2513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation ASST VP NURSING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR846409429131**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. SCOTT A RIFKIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2188 ASPEN  
 City TUSTIN RANCH 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 / 26 / 2012  
**Transaction ID : PR846690229131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. ERIC M DELGADO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4734 BRIERCREST AVE.  
 City LAKEWOOD State CA Zip Code 90713-2312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REGIONAL FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR846888229131**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 117.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 58 OF 66  
(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. MICHAEL J KING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2713 STUYVESANT CR  
 City State Zip Code  
 MODESTO CA 95356-0337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DOCTORS MEDICAL CENTER-MODESTO COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 456.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : PR847417829131**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. STEVEN G WASSERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6132 DEERHILL RD  
 City State Zip Code  
 OAK PARK CA 91377-5832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CAP MANAGEMENT SYSTEMS CHIEF INFO OFFICER-CMS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 456.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : PR847970129131**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. MONICA C VARGAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4017 FLAMINGO  
 City State Zip Code  
 EL PASO TX 79902-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SIERRA PROVIDENCE EASTSIDE HOSPITAL COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 447.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : PR849126629131**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 171.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 59 OF 66  
(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. JAMES CLEMENTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3013 GOLF CREST LANE

City WOODSTOCK State GA Zip Code 30189-8197

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **632.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 26 / 2012**

**Transaction ID : PR849790229131**

Amount of Each Receipt this Period  
**30.00**

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>30.00</b>    |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>13017.45</b> |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends Of Congressman Steve Stockman**

Mailing Address PO Box 57135

City State Zip Code  
Webster TX 77539

Purpose of Disbursement  
2012 General

011

Candidate Name

**Mr. Steve Stockman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 36

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : 35457706**

Amount of Each Disbursement this Period

1500.00

2012 General

Full Name (Last, First, Middle Initial)

**B. Mchenry For Congress**

Mailing Address PO Box 1406

City State Zip Code  
Hickory NC 28603

Purpose of Disbursement  
Void - Mchenry For Congress

011

Candidate Name

**Rep. Patrick McHenry**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : 35465667**

Amount of Each Disbursement this Period

-1000.00

Void - Mchenry For Congress

Full Name (Last, First, Middle Initial)

**C. Beto O'Rourke For Congress**

Mailing Address 1209 Prospect

City State Zip Code  
El Paso TX 79902

Purpose of Disbursement  
2012 General Debt Retirement

011

Candidate Name

**Mr. Robert O'Rourke**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
General Debt 2012

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2012

**Transaction ID : 35493330**

Amount of Each Disbursement this Period

500.00

2012 General Debt Retirement

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

1000.00

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

5500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Citizens for Sam Smith**

Mailing Address 826 Ridge Road

City Punxsutawney State PA Zip Code 15767

Purpose of Disbursement  
Sam Smith, STATE HOUSE PA

011

Candidate Name  
**Sam Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 26 |   |   | 2012 |   |   |   |

**Transaction ID : 35457679**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Sam Smith, STATE HOUSE PA

Full Name (Last, First, Middle Initial)

**B. Friends of Mike Turzai**

Mailing Address 125 Hillvue Lane

City Pittsburgh State PA Zip Code 15237

Purpose of Disbursement  
Michael Turzai, STATE HOUSE 28th PA

011

Candidate Name  
**PA Rep. Michael Turzai**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 28

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 26 |   |   | 2012 |   |   |   |

**Transaction ID : 35457680**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Michael Turzai, STATE HOUSE 28th PA

Full Name (Last, First, Middle Initial)

**C. Tom Corbett for Governor**

Mailing Address P.O. Box 1145

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement  
Tom Corbett, GOVERNOR PA

011

Candidate Name  
**Tom Corbett**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 26 |   |   | 2012 |   |   |   |

**Transaction ID : 35457681**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Tom Corbett, GOVERNOR PA

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

|         |
|---------|
| 2000.00 |
|---------|

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

|  |
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|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends to Elect Christine M. Tartaglione**

Mailing Address PO Box 52153

City Philadelphia State PA Zip Code 19115

Purpose of Disbursement  
Christine Tartaglione, STATE SENATE PA

Candidate Name  
**Christine M. Tartaglione**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: PA District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : 35457692**

Amount of Each Disbursement this Period

500.00

Christine Tartaglione, STATE SENATE PA

Full Name (Last, First, Middle Initial)

**B. The Friends of Farnese**

Mailing Address P.O. Box 22596

City Philadelphia State PA Zip Code 19110

Purpose of Disbursement  
Lawrence Farnese, STATE SENATE 1st PA

Candidate Name  
**PA Sen. Lawrence Farnese Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: PA District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : 35457696**

Amount of Each Disbursement this Period

500.00

Lawrence Farnese, STATE SENATE 1st PA

Full Name (Last, First, Middle Initial)

**C. Friends of Jake Corman**

Mailing Address P.O. Box 421

City Bellefonte State PA Zip Code 16823

Purpose of Disbursement  
Jake Corman, STATE SENATE 34th PA

Candidate Name  
**Senator Jake Corman**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: PA District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : 35457698**

Amount of Each Disbursement this Period

500.00

Jake Corman, STATE SENATE 34th PA

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. House Democratic Campaign Committee**

Mailing Address P.O. Box 555

City Harrisburg State PA Zip Code 17105

Purpose of Disbursement  
2012 Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35457699**

Amount of Each Disbursement this Period

2012 Contribution

Full Name (Last, First, Middle Initial)

**B. House Republican Campaign Committee**

Mailing Address P.O. Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement  
2012 Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35457700**

Amount of Each Disbursement this Period

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. Committee to Re-Elect John J. Taylor**

Mailing Address 3316 Belgrade Street

City Philadelphia State PA Zip Code 19134

Purpose of Disbursement  
John Taylor, STATE HOUSE 177th PA

Category/  
Type

Candidate Name

**Representa John Taylor**

Office Sought:  House  Senate  President  
State: PA District: 77

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35457701**

Amount of Each Disbursement this Period

John Taylor, STATE HOUSE 177th PA

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Angel Cruz for State Representative**

Mailing Address 3503 North B Street, Unit 7

City Philadelphia State PA Zip Code 19134

Purpose of Disbursement  
Angel Cruz, STATE HOUSE 180th PA

011

Candidate Name

**Representa Angel Cruz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 80

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 26 |   |   | 2012 |   |   |   |

**Transaction ID : 35457702**

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Angel Cruz, STATE HOUSE 180th PA

Full Name (Last, First, Middle Initial)

**B. Matt Baker for State Representative**

Mailing Address 74 Main Street

City Wellsboro State PA Zip Code 16901

Purpose of Disbursement  
Matthew Baker, STATE HOUSE 68th PA

011

Candidate Name

**Representa Matthew Baker**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 68

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 26 |   |   | 2012 |   |   |   |

**Transaction ID : 35457704**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Matthew Baker, STATE HOUSE 68th PA

Full Name (Last, First, Middle Initial)

**C. Voters to Elect Vance**

Mailing Address P.O. Box 652

City Camp Hill State PA Zip Code 17011

Purpose of Disbursement  
Patricia Vance, STATE SENATE 31st PA

011

Candidate Name

**PA Sen. Patricia Vance**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 26 |   |   | 2012 |   |   |   |

**Transaction ID : 35457705**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Patricia Vance, STATE SENATE 31st PA

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

|         |
|---------|
| 1250.00 |
|---------|

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Texas Hospital Association PAC**

Mailing Address P.O. Box 679010

City Austin State TX Zip Code 78767-9101

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 35493329**

Amount of Each Disbursement this Period

2012 Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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