

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2006 through 05 31 2006

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

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer Electronically Filed by Mr. Todd Plott Date 06 08 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		26410.20
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	13818.54									
(c) Total Receipts (from Line 19)	3051.52	17284.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16870.06	43695.06								
7. Total Disbursements (from Line 31)	3000.00	29825.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13870.06	13870.06								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1806.52	3271.52
(i) Itemized (use Schedule A)	1245.00	14013.34
(ii) Unitemized	3051.52	17284.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3051.52	17284.86
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3051.52	17284.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3051.52	17284.86

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	21250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	8575.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3000.00	29825.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3000.00	29825.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3051.52	17284.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3051.52	17284.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<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 PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH LAMKIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025760414202
Mailing Address 4005 BELLINGRATH BLVD.		Amount of Each Receipt this Period 40.00
City ROSWELL State GA Zip Code 30076-1398		
FEC ID number of contributing federal political committee. C		
Name of Employer NORTH FULTON REGIONAL HOSPITAL Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DALE ARMSTRONG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025775814202
Mailing Address 1135 CARTHAGE ST		Amount of Each Receipt this Period 40.00
City SANFORD State NC Zip Code 27330-4162		
FEC ID number of contributing federal political committee. C		
Name of Employer CENTRAL CAROLINA HOSPITAL Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JENNIFER DALEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039838814202
Mailing Address 5 CANDLEWICK CLOSE		Amount of Each Receipt this Period 78.00
City LEXINGTON State MA Zip Code 02421-4307		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEALTHSYSTEM Occupation SVP, CLINICAL QUALITY/CMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	158.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. JOHN J FERRELLI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1240924714202
Mailing Address RANCHO MIRAGE		Amount of Each Receipt this Period 40.00
City Rancho Mirage	State CA	P/R Deduction (\$20.00 Bi-Weekly)
Zip Code 92270-4138	FEC ID number of contributing federal political committee. C	
Name of Employer JOHN F. KENNEDY MEMORIAL HOSPITAL	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. SHELLEY GILES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1479664414202
Mailing Address 8530 HOLLY DRIVE		Amount of Each Receipt this Period 40.00
City FRISCO	State TX	P/R Deduction (\$20.00 Bi-Weekly)
Zip Code 75034-5638	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DIR, RELOCATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. CHARLES CONKLIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1592857214202
Mailing Address 3901 HEARST CASTLE WAY		Amount of Each Receipt this Period 40.00
City PLANO	State TX	P/R Deduction (\$20.00 Bi-Weekly)
Zip Code 75025-2011	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP, CLINICAL QUALITY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. RICKY JOHNSTON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1592858214202
Mailing Address 404 N.CHURCH ST		Amount of Each Receipt this Period 120.00
City MCKINNEY State TX Zip Code 75069		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP, INFO SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
		P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICHARD FREEMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR406760914202
Mailing Address 1423 WESLEYS RUN		Amount of Each Receipt this Period 40.00
City GLADWYNE State PA Zip Code 19035-1049		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEALTHSYSTEM-PHILAD-ELPHIA	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MICHAEL HALTER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR406763214202
Mailing Address 111 RIGHTERS MILL RD		Amount of Each Receipt this Period 38.00
City PENN VALLEY State PA Zip Code 19072-1312		
FEC ID number of contributing federal political committee. C		
Name of Employer HAHNEMANN UNIVERSITY HOSP-ITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	
		P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	198.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. BARBARA B LUTON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407184914202
Mailing Address PO BOX 276		Amount of Each Receipt this Period 40.00
City SANTA YNEZ	State CA	Zip Code 93460-0276
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION-HQ	Occupation VP, CORP CITIZENSHIP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. LEONARD ROSENFELD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407201314202
Mailing Address 2917 HANOVER AVE		Amount of Each Receipt this Period 40.00
City DALLAS	State TX	Zip Code 75225-7843
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP, QUALITY MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. CRAIG E SIMS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407211614202
Mailing Address 3818 PETER PAN DRIVE		Amount of Each Receipt this Period 38.46
City DALLAS	State TX	Zip Code 75229-3908
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

SUBTOTAL of Receipts This Page (optional) ▶	118.46
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. JOHN F BEALLE		Date of Receipt
Mailing Address 7817 PENCROSS LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
DALLAS	TX	75248-3108
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP, OPS REIMBURSEMENT	Transaction ID: PR407214514202
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 220.00	<input type="text"/> 40.00
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOHN B MCDONALD		Date of Receipt
Mailing Address 2016 PEMBROKE AVE.		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FORT WORTH	TX	76110-1236
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEADQUARTERS OFFICE	Occupation ASST GENERAL COUNSEL	Transaction ID: PR407215814202
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 220.00	<input type="text"/> 40.00
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ROBERT SMITH		Date of Receipt
Mailing Address 2723 LAKERIDGE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
CARROLLTON	TX	75006-4723
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP, A&P	Transaction ID: PR407220014202
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 525.00	<input type="text"/> 75.00
		P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 155.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. STEPHANIE SLOGGETT-O'DELL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 779 SOUTH BELLFLOWER DR		Transaction ID: PR407227014202
City State Zip Code SPRINGFIELD MO 65809-1109	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP, LABOR RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DOUGLAS E RABE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9923 CAPRIDGE DR		Transaction ID: PR407227314202
City State Zip Code DALLAS TX 75238-3469	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP, TAXATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. GARRY M OLNEY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3603 TEKOA COVE		Transaction ID: PR407234314202
City State Zip Code AUSTIN TX 78746	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP, NURSING/CLINICAL OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 120.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. BARRY G WEINBAUM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407235314202
Mailing Address 2670 HIDDEN VALLEY ROAD		Amount of Each Receipt this Period 40.00
City LA JOLLA	State CA	Zip Code 92037-4025
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEALTHSYSTEM	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. WILLIAM C HENNING		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407244714202
Mailing Address 2735 LONG GROVE DRIVE		Amount of Each Receipt this Period 40.00
City MARIETTA	State GA	Zip Code 30062-8721
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEALTHSYSTEM	Occupation DIR, REG OPS IMPROVEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. RALPH ALEMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407245314202
Mailing Address 7588 NW 51ST PLACE		Amount of Each Receipt this Period 40.00
City CORAL SPRINGS	State FL	Zip Code 33067-2053
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer PALMETTO GENERAL HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 19						
	(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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. AURELIO M FERNANDEZ		Date of Receipt
Mailing Address 8540 N.LAKE DASHA DRIVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
PLANTATION	FL	33324
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer FLORIDA MEDICAL CENTER	Occupation CEO	Transaction ID: PR407247414202
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 220.00	<input type="text"/> 40.00
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. EDWARD SCHRECK		Date of Receipt
Mailing Address 1500 San Pablo Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Los Angeles	CA	90033-5313
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer USC UNIVERSITY HOSPITAL	Occupation CEO	Transaction ID: PR407248214202
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 220.00	<input type="text"/> 40.00
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DAVID L ARCHER		Date of Receipt
Mailing Address 2594 HOCKSETT COVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
GERMANTOWN	TN	38139-6655
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer SAINT FRANCIS HOSPITAL	Occupation CEO	Transaction ID: PR407250414202
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 440.00	<input type="text"/> 80.00
		P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 160.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. DENNIS R BRUNS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407251814202
Mailing Address 16 HEATHER LANE		Amount of Each Receipt this Period 40.00
City HILTON HEAD ISL	State SC	Zip Code 29926-4206
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer HILTON HEAD HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. LEX GUINN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407265314202
Mailing Address 2715 SABLE CT		Amount of Each Receipt this Period 40.00
City PEARLAND	State TX	Zip Code 77584-9276
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer PARK PLAZA HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. MICHELE C MEYER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407268514202
Mailing Address 230 GRIMSLEY N. BLUFF		Amount of Each Receipt this Period 38.00
City ST LOUIS	State MO	Zip Code 63129
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer DES PERES HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

SUBTOTAL of Receipts This Page (optional) ▶	118.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. PAUL D ECHELARD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407270914202
Mailing Address 1167 HILLSBORO MILE#614		Amount of Each Receipt this Period 38.46
City HillsBORO BCH State FL Zip Code 33062	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer GOOD SAMARITAN MEDICAL CENTER Occupation CEO	Aggregate Year-to-Date 211.53	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. CRAIG C ARMIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407274114202
Mailing Address 23510 BERDON STREET		Amount of Each Receipt this Period 50.00
City WOODLAND HILLS State CA Zip Code 91367-3004	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer TENET HEALTHSYSTEM Occupation VP, GOVT PROGRAMS	Aggregate Year-to-Date 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. CANDACE L MARKWITH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407280314202
Mailing Address 5657 E THE TOLEDO		Amount of Each Receipt this Period 40.00
City LONG BEACH State CA Zip Code 90803-4046	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer REDDING MEDICAL CENTER Occupation CEO	Aggregate Year-to-Date 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	128.46
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. MICHELE M FINNEY		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 3751 Katella Avenue		Transaction ID: PR407283914202		
City State Zip Code Los Alamitos CA 90720-3164	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Amount of Each Receipt this Period _____ 40.00		
Name of Employer LOS ALAMITOS MEDICAL CENTER	Occupation CEO	Aggregate Year-to-Date ▼ _____ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. STEVE CORBEIL		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 2063 KINGSPONTE DRIVE		Transaction ID: PR413940414202		
City State Zip Code CLARKSON VALLEY MO 63005-4484	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Amount of Each Receipt this Period _____ 40.00		
Name of Employer TENET HEALTHSYSTEM	Occupation SVP, REGIONAL OPERATIONS	Aggregate Year-to-Date ▼ _____ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. EDWARD MESCO		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 7365 NW 54TH STREET		Transaction ID: PR839477814202		
City State Zip Code LAUDERHILL FL 33319-6346	Amount of Each Receipt this Period _____ 50.00		P/R Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Amount of Each Receipt this Period _____ 50.00		
Name of Employer TENET HEALTHSYSTEM	Occupation DIR, REIMBURSEMENT	Aggregate Year-to-Date ▼ _____ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 130.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. SUZANNE KOZEL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 161 MEADOW RIDGE LN		Transaction ID: PR843980414202	
City CHAPEL HILL	State NC	Zip Code 27517-8847	Amount of Each Receipt this Period _____ 38.60
FEC ID number of contributing federal political committee. C _____			
Name of Employer ATLANTA MEDICAL CENTER	Occupation MGR, REG TPS CLINICS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 212.30		
		P/R Deduction (\$19.30 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. IRENE CHAVEZ		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2001 No. Oregon Street		Transaction ID: PR846339314202	
City El Paso	State TX	Zip Code 79902-3368	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer PROVIDENCE MEMORIAL HOSPITAL	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. RICHARD S ANSEDE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4801 SIMPSON DRIVE		Transaction ID: PR849903814202	
City SANFORD	State NC	Zip Code 27330-8948	Amount of Each Receipt this Period _____ 22.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer CENTRAL CAROLINA HOSPITAL	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00		
		P/R Deduction (\$22.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 100.60
TOTAL This Period (last page this line number only) ▶	_____ 1806.52

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

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 19

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
John Spratt for Congress Comm.

Mailing Address P.O. Box 830

City York State SC Zip Code 29745

Purpose of Disbursement
John Spratt, US Congress, 05

Candidate Name
John Spratt

011
Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 5

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 24065095
Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

2000.00

John Spratt, US Congress,
05

B. Full Name (Last, First, Middle Initial)
Nathan Deal For Congress

Mailing Address PO Box 16021

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Deal, Nathan, US Congress, 10

Candidate Name
Rep. Nathan Deal

011
Category/
Type

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 24065102
Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Deal, Nathan, US Congress,
10

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00