

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) X

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

5. Covering Period 11 28 2006 through 12 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 Todd Plott

Signature of Treasurer Electronically Filed by Todd Plott Date 03 30 2007

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
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

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	3376.44									
(c) Total Receipts (from Line 19)	8771.55	46562.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12147.99	72972.99								
7. Total Disbursements (from Line 31)	1000.00	61825.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11147.99	11147.99								
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
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

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	2629.52	21181.92
(i) Itemized (use Schedule A)	185.00	19423.84
(ii) Unitemized	2814.52	40605.76
(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)	2814.52	40605.76
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.)	5957.03	5957.03
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))	8771.55	46562.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8771.55	46562.79

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.....	1000.00	39250.00
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	22575.00
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))..	1000.00	61825.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1000.00	61825.00

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)	2814.52	40605.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2814.52	40605.76
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:		PAGE 6 / 33	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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. Tenet PAC		Date of Receipt
Mailing Address 13737 Noel Road		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City	State	Zip Code
Dallas	TX	75240
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 25660469
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5957.03"/>
	<input type="text" value="5957.03"/>	Cash Adjustment; See attached memo

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5957.03"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5957.03"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 33
	(check only one)
<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. ELIZABETH LAMKIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 31 WICKLOW DRIVE		Transaction ID: PR1025760416255
City HILTON HEAD	State SC	Zip Code 29928-3354
Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C		
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 ▼ _____ 520.00	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 _____
Mailing Address 1135 CARTHAGE ST		Transaction ID: PR1025775816255
City SANFORD	State NC	Zip Code 27330-4162
Amount of Each Receipt this Period _____ 40.00		
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 ▼ _____ 520.00	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 _____
Mailing Address 5 CANDLEWICK CLOSE		Transaction ID: PR1039838816255
City LEXINGTON	State MA	Zip Code 02421-4307
Amount of Each Receipt this Period _____ 78.00		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEALTHSYSTEM	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1014.00	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 8 / 33
	<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 _____
Mailing Address 43 CAMINO REAL		Transaction ID: PR1240924716255
City State Zip Code RANCHO MIRAGE CA 92270-4138	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer JOHN F. KENNEDY MEMORIAL HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00	

Full Name (Last, First, Middle Initial) B. SHELLEY GILES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3803 STOCKTON LN		Transaction ID: PR1479664416255
City State Zip Code DALLAS TX 75287-4919	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00	

Full Name (Last, First, Middle Initial) C. JANIS THAYER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1735 CRIMSON TERRACE		Transaction ID: PR1481210616255
City State Zip Code BRENTWOOD CA 94513-2618	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer OTHER EXECUTIVES	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 100.00
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 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. CHARLES CONKLIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3901 HEARST CASTLE WAY		Transaction ID: PR1592857216255
City State Zip Code PLANO TX 75025-2011	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICKY JOHNSTON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 404 N.CHURCH ST		Transaction ID: PR1592858216255
City State Zip Code MCKINNEY TX 75069	Amount of Each Receipt this Period _____ 120.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1560.00	P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DANIEL WALDMANN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2001 19TH STREET NW #5		Transaction ID: PR1814798516255
City State Zip Code WASHINGTON DC 20009-1346	Amount of Each Receipt this Period _____ 160.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2080.00	P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 320.00
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 10 / 33
	<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. LINDA P MCNEILL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR403500716255
Mailing Address 3901 S. POST OAK AVE		Amount of Each Receipt this Period 10.00
City NEW ORLEANS	State LA	Zip Code 70131-8413
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer MEADOWCREST HOSPITAL	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MICHAEL HALTER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR406763216255
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		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

Full Name (Last, First, Middle Initial) C. EDILBERTO EVANGELISTA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407173116255
Mailing Address 4605 WINNETKA CIRCLE		Amount of Each Receipt this Period 20.00
City WOODLAND HILLS	State CA	Zip Code 91364-4618
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEALTHSYSTEM	Occupation SPEC-REIMBURSEMENT SR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	68.00
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 11 / 33
	<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. LEONARD ROSENFELD		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 12213 PARK BEND DR		Transaction ID: PR407201316255
City State Zip Code DALLAS TX 75230-2364	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ROBERT J SCHWEBEL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5331 E. MOCKINGBIRD 613		Transaction ID: PR407203416255
City State Zip Code DALLAS TX 75206-0911	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CINDY L LARKIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4716 DE GREY LANE		Transaction ID: PR407203816255
City State Zip Code PLANO TX 75093-7443	Amount of Each Receipt this Period _____ 16.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 208.00	P/R Deduction (\$8.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 76.00
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 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. CRAIG E SIMS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407211616255
Mailing Address 4515 MANNING LANE		Amount of Each Receipt this Period 38.46
City DALLAS State TX Zip Code 75220-6434	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHSYSTEM-TEXAS Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98	
		P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOHN F BEALLE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407214516255
Mailing Address 7817 PENCROSS LANE		Amount of Each Receipt this Period 40.00
City DALLAS State TX Zip Code 75248-3108	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEADQUARTERS OFFICE Occupation VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JOHN B MCDONALD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407215816255
Mailing Address 2016 PEMBROKE AVE.		Amount of Each Receipt this Period 40.00
City FORT WORTH State TX Zip Code 76110-1236	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEADQUARTERS OFFICE Occupation VP &	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	
		P/R Deduction (\$20.00 Bi-Weekly)

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 14 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. WAYNE E COBB		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4001 ORCHID LANE		Transaction ID: PR407216416255		
City MANSFIELD State TX Zip Code 76063-5577	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer TENET HEADQUARTERS OFFICE Occupation MGR	Aggregate Year-to-Date ▼ _____ 260.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. ROBIN L MALLETT		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 616 STONE CANYON		Transaction ID: PR407218316255		
City IRVING State TX Zip Code 75063-6327	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer TENET HEADQUARTERS OFFICE Occupation MGR	Aggregate Year-to-Date ▼ _____ 260.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. TERESA L HUSKEY		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4333 PERSHING AVE		Transaction ID: PR407218616255		
City FT WORTH State TX Zip Code 76107-4243	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer TENET HEADQUARTERS OFFICE Occupation SR DIR	Aggregate Year-to-Date ▼ _____ 260.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 60.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 33
	<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. SHERRY J HENDERSON		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 25 NIGHT HERON PL		Transaction ID: PR407219716255
City HICKORY	State NC	Zip Code 28601-8806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer FRYE REGIONAL MEDICAL CENTER	Occupation CFO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. SEARCY JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 400 HUNTERS RIDGE CIRCEL		Transaction ID: PR407219916255
City COPPELL	State TX	Zip Code 75019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DIR	P/R Deduction (\$8.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) C. ROBERT SMITH		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2723 LAKERIDGE		Transaction ID: PR407220016255
City CARROLLTON	State TX	Zip Code 75006-4723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer TENET HEALTHSYSTEM-TEXAS	Occupation VP	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	86.00
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 / 33
	<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. JOE D THOMASON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4006 RAMSGATE CT		Transaction ID: PR407222116255
City State Zip Code COLLEYVILLE TX 76034-4473	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer RHD MEMORIAL MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	

Full Name (Last, First, Middle Initial) B. ROBERT S HENDLER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11122 W RICKS CIRCLE		Transaction ID: PR407222816255
City State Zip Code DALLAS TX 75230-3032	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation REGIONAL CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1300.00	

Full Name (Last, First, Middle Initial) C. RHONDA ROGERS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 261 CR 2153		Transaction ID: PR407224416255
City State Zip Code NACOGDOCHES TX 75965	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer NACOGDOCHES MEDICAL CENTER	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 140.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 33
	<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. CONLEY S CERVANTES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407224716255
Mailing Address 819 CAMBRIDGE MANOR LANE		Amount of Each Receipt this Period 24.00
City COPPELL	State TX	Zip Code 75019-6105
FEC ID number of contributing federal political committee. C		P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

Full Name (Last, First, Middle Initial) B. GARY ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407225816255
Mailing Address 3412 DREXEL DRIVE		Amount of Each Receipt this Period 40.00
City HIGHLAND PARK	State TX	Zip Code 75205-2904
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DEPUTY GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. DEBRA L ANDONIE-WALL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407226216255
Mailing Address 2687 CLEAR SPRINGS CT		Amount of Each Receipt this Period 40.00
City RICHARDSON	State TX	Zip Code 75082-4210
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional) ▶	104.00
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 / 33
	<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: PR407227016255
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 Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00	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: PR407227316255
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 Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00	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 5301 ALPHA RD#126		Transaction ID: PR407234316255
City State Zip Code DALLAS TX 75240-4317	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00	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 19 / 33
	<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: PR407235316255
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 ▼ 520.00	

Full Name (Last, First, Middle Initial) B. JOHN QUINN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407236016255
Mailing Address 1138 PINE VALLEY ROAD		Amount of Each Receipt this Period 20.00
City GRIFFIN	State GA	Zip Code 30224-4953
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer SPALDING REGIONAL HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. WALT MICKENS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407237616255
Mailing Address 116 DOCKSIDE CIRCLE		Amount of Each Receipt this Period 20.00
City WESTON	State FL	Zip Code 33327-1100
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer WEST BOCA MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	80.00
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 20 / 33
	<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. ANDREA L WOZNIAK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3181 SAND MARSH LN		Transaction ID: PR407239416255	
City State Zip Code MT PLEASANT SC 29466-9091	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer EAST COOPER REGIONAL MEDICAL CENTER	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. WILLIAM C HENNING		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2735 LONG GROVE DRIVE		Transaction ID: PR407244716255	
City State Zip Code MARIETTA GA 30062-8721	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CENTENNIAL MEDICAL CENTER	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. RALPH ALEMAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7588 NW 51ST PLACE		Transaction ID: PR407245316255	
City State Zip Code CORAL SPRINGS FL 33067-2053	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHSYSTEM	Occupation MARKET VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00		P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 100.00
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 21 / 33
	<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. ALEX CONTRERAS-SOTO		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3363 SW 180 WAY		Transaction ID: PR407246916255
City MIRAMAR	State FL	Zip Code 33029-1639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer PALMETTO GENERAL HOSPITAL	Occupation COO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. AURELIO M FERNANDEZ		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 8540 N.LAKE DASHA DRIVE		Transaction ID: PR407247416255
City PLANTATION	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer FLORIDA MEDICAL CENTER	Occupation CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. GARRY L GAUSE		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1150 LAKE COLANY LANE		Transaction ID: PR407248716255
City VESTAVIA HILLS	State AL	Zip Code 35242-7423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BROOKWOOD MEDICAL CENTER	Occupation CEO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	80.00
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 22 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. WILLIAM SEED		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407250216255
Mailing Address 12359 CREEK EDGE DRIVE		Amount of Each Receipt this Period 20.00
City RIVERVIEW State FL Zip Code 33569-6507		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEALTHSYSTEM Occupation DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DAVID L ARCHER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407250416255
Mailing Address 2594 HOCKSETT COVE		Amount of Each Receipt this Period 80.00
City GERMANTOWN State TN Zip Code 38139-6655		
FEC ID number of contributing federal political committee. C		
Name of Employer SAINT FRANCIS HOSPITAL Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DENNIS R BRUNS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407251816255
Mailing Address 980 18TH AVE CIRCLE NW		Amount of Each Receipt this Period 40.00
City HICKORY State NC Zip Code 28601-1200		
FEC ID number of contributing federal political committee. C		
Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	140.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. SUELLEN SMITH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 84 TIERRA VISTA LANE		Transaction ID: PR407254516255	
City PASO ROBLES State CA Zip Code 93446-9702	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHSYSTEM Occupation SR DIR	Aggregate Year-to-Date ▼ _____ 260.00		P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. PAMELA J BUXTON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 77-532 BURRUS COURT		Transaction ID: PR407255316255	
City PALM DESERT State CA Zip Code 92211-0485	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer JOHN F. KENNEDY MEMORIAL HOSPITAL Occupation CNO	Aggregate Year-to-Date ▼ _____ 260.00		P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. STEPHEN L NEWMAN MD, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 13 NEWCASTLE LANE		Transaction ID: PR407257716255	
City LAGUNA NIGUEL State CA Zip Code 92677-9328	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OTHER EXECUTIVES Occupation CEO-TENET CALIFORNIA	Aggregate Year-to-Date ▼ _____ 680.00		P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 24 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. ALAN E HODGES		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 231 COIN DU LESTIN		Transaction ID: PR407262116255
City SLIDELL State LA Zip Code 70460-3509	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer NORTHSHORE REGIONAL MEDICAL CENTER	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. GARY L HONTS		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1855 SILVERWINGS CT		Transaction ID: PR407266416255
City MORGAN HILL State CA Zip Code 95037-9002	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer COMMUNITY HOSPITAL OF LOS GATOS	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. MICHELE C MEYER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 230 GRIMSLEY N. BLUFF		Transaction ID: PR407268516255
City ST LOUIS State MO Zip Code 63129	Amount of Each Receipt this Period 38.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer DES PERES HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 33
	<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. DAVID ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407270716255
Mailing Address 4195 AVONDALE LANE		Amount of Each Receipt this Period 20.00
City State Zip Code CUMMING GA 30041-1937	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation NORTH FULTON REGIONAL HOSPITAL COO	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. PAUL D ECHELARD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407270916255
Mailing Address 1167 HILLSBORO MILE#614		Amount of Each Receipt this Period 38.46
City State Zip Code HILLSBORO BEACH FL 33062-1618	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer Occupation GOOD SAMARITAN MEDICAL CENTER CEO	Aggregate Year-to-Date 499.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. SAMUEL G HARRIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407271116255
Mailing Address 933 HAVENHURST		Amount of Each Receipt this Period 20.00
City State Zip Code WEST HOLLYWOOD CA 90046-6919	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation TENET HEALTHSYSTEM DIR	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	78.46
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 26 / 33
	<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. CRAIG C ARMIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 23510 BERDON STREET		Transaction ID: PR407274116255
City State Zip Code WOODLAND HILLS CA 91367-3004	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 650.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KAREN GULBENKIAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2847 CALLE HERALDO		Transaction ID: PR407278716255
City State Zip Code SAN CLEMENTE CA 92673-3534	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation GARDEN GROVE HOSPITAL COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MITCHELL ZEVIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3723 STONE CANYON AVE		Transaction ID: PR407279216255
City State Zip Code SHERMAN OAKS CA 91403-4532	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation ENCINO-TARZANA REGIONAL MEDICAL CENTER ASSOCIATE ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 33
	<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

A. Full Name (Last, First, Middle Initial)
CANDACE MARKWITH

Mailing Address 980 ISABELLA WAY

City State Zip Code
SAN LUIS OBISPO CA 93405-6186

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

Name of Employer Occupation
SIERRA VISTA REGIONAL MEDICAL CENTER CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

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

Transaction ID: PR407280316255

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 21521 TURTLEDOVE STREET

City State Zip Code
TRABUCO CANYON CA 92679-3486

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

Name of Employer Occupation
LOS ALAMITOS MEDICAL CENTER CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

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

Transaction ID: PR407283916255

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 75820 SAZAZEN WAY

City State Zip Code
PALM DESERT CA 92211-8934

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

Name of Employer Occupation
DESERT REGIONAL MEDICAL CENTER CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

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

Transaction ID: PR407288716255

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)	▶	100.00
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 28 / 33
	<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. STEVE CORBEIL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR413940416255
Mailing Address 2063 KINGSPORTE DRIVE		Amount of Each Receipt this Period 40.00
City CLARKSON VALLEY	State MO	Zip Code 63005-4484
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEALTHSYSTEM	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICK LYONS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR413941916255
Mailing Address 2425 BATTERING ROCK RD		Amount of Each Receipt this Period 20.00
City TEMPLETON	State CA	Zip Code 93465-8371
FEC ID number of contributing federal political committee. C		
Name of Employer TWIN CITIES COMMUNITY HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MONICA FRAZER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR839292216255
Mailing Address 3913 STANFORD		Amount of Each Receipt this Period 20.00
City DALLAS	State TX	Zip Code 75225-7111
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	80.00
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 29 / 33
	<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. EDWARD MESCO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7365 NW 54TH STREET		Transaction ID: PR839477816255
City LAUDERHILL	State FL	Zip Code 33319-6346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 50.00
Name of Employer TENET HEALTHSYSTEM	Occupation DIR	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 650.00	

Full Name (Last, First, Middle Initial) B. VIOLETA L MAZZELLA		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8816 CANYON LANDS DRIVE		Transaction ID: PR841454316255
City PLANO	State TX	Zip Code 75025-4221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 32.00
Name of Employer TENET HEADQUARTERS OFFICE	Occupation MGR	P/R Deduction (\$16.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 416.00	

Full Name (Last, First, Middle Initial) C. ANASTASIA B HUINER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 614 EAST ALAMAR AVE.		Transaction ID: PR841557816255
City SANTA BARBARA	State CA	Zip Code 93105-2946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 40.00
Name of Employer TENET HEALTHCARE CORPORAT-ION-HQ	Occupation VICE PRESIDENT	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 122.00
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 30 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. KATHLEEN FARRELL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2585 FURLONG STREET		Transaction ID: PR843355316255
City State Zip Code DOYLESTOWN PA 18902-1689	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation WARMINSTER HOSPITAL INTERIM-CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SUZANNE KOZEL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 161 MEADOW RIDGE LN		Transaction ID: PR843980416255
City State Zip Code CHAPEL HILL NC 27517-8847	Amount of Each Receipt this Period _____ 38.60	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 501.80	P/R Deduction (\$19.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. LYNNE SCROGGINS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3777 PEACHTREE RD NE 632		Transaction ID: PR844786216255
City State Zip Code ATLANTA GA 30319-5209	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation ATLANTA MEDICAL CENTER ASSOCIATE ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 78.60
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 31 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
IRENE CHAVEZ

Mailing Address 1340 LOMA VERDE

City State Zip Code
EL PASO TX 79936-7811

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

Name of Employer PROVIDENCE MEMORIAL HOSPITAL
Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

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

Transaction ID: PR846339316255

Amount of Each Receipt this Period
40.00

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

B. Full Name (Last, First, Middle Initial)
TERRY MURPHY

Mailing Address 179 NIBLICK RDPMB348

City State Zip Code
PASO ROBLES CA 93446-4845

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

Name of Employer TWIN CITIES COMMUNITY HOSPITAL
Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

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

Transaction ID: PR849021416255

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	2629.52

**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 32 / 33

<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

Full Name (Last, First, Middle Initial) A. Bob Casey for Senate		Transaction ID: 25087097 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address P.O. Box 22469		Amount of Each Disbursement this Period 1000.00	
City Philadelphia State PA Zip Code 19110	Purpose of Disbursement Bob Casey, US Senate, PA	Category/ Type 011	
Candidate Name Senator Bob Casey	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District:	Bob Casey, US Senate, PA		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

Form/Schedule: **F3XA**

Transaction ID:

See memo. Please note that Line 17 was increased \$5,957.03 to increase the PAC cash on hand to reconcile with the PAC bank account. The discrepancy between the PAC cash on hand and the bank account was the result of the following: In December 2001 the Year End 2000 PAC report, and several prior reports, were amended to include additional contributions not previously disclosed. The Mid-Year 2001 report was also amended to bring forward the cash on hand per these amendments. However, two PAC deposits totaling \$5,829.80, which were disclosed on the original 2001 Mid-Year report, were not redisclosed on the amended report. Additionally, there were four transactions with discrepancies between Sch. A data entry and the amounts deposited totaling \$127.23. We are amending the Year End 2006 report to adjust the cash on hand rather than amending all reports between June 2001 and December 2006, as the FEC has advised under other circumstances (AO-2000-11), per the recommendation of Marlene R. Daughtery, FEC Campaign Finance Analyst, who has been informed of the nature of the cash on hand discrepancy. These errors were inadvertent and were discovered in the course of an audit. The new cash on hand balance resolves the discrepancy noted in our original filing of this report.