

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="78498.04"/>	<input type="text" value="78498.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="106396.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10424.70"/>	<input type="text" value="135706.05"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="116821.69"/>	<input type="text" value="214204.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7500.00"/>	<input type="text" value="104882.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="109321.69"/>	<input type="text" value="109321.69"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9752.00	100084.00
(ii) Unitemized	672.70	35622.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	10424.70	135706.05
(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)	10424.70	135706.05
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10424.70	135706.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10424.70	135706.05

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	73700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5500.00	31182.40
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7500.00	104882.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	104882.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	10424.70	135706.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10424.70	135706.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. JAIKUMAR KRISHNASWAMY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13123 AVALANGE COURT
 City CYPRESS State TX Zip Code 77429-4913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR1025621126939
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. KEVIN MCCASLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5225 MAPLE AVENUE #4314
 City DALLAS State TX Zip Code 75235-8449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2304.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR1026156826939
 Amount of Each Receipt this Period 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

C. ROBERT RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 SARANAC PARK
 City PEACHTREE CITY State GA Zip Code 30269-1274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH FULTON MEDICAL CENTER Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR1159116226939
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 280.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. ALEXANDER M FERNANDEZ
Full Name (Last, First, Middle Initial)

Mailing Address 108 LAKE MONTEREY CIRCLE

City BOYNTON BEACH State FL Zip Code 33426-8435

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CONTROLLER 2

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR1159201026939

Amount of Each Receipt this Period 20.00

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

B. FELITA A CARTER
Full Name (Last, First, Middle Initial)

Mailing Address 290 EAST PLANTATION DR

City SHARPSBURG State GA Zip Code 30277-1958

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR1159258026939

Amount of Each Receipt this Period 20.00

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

C. DENNIS GRADY
Full Name (Last, First, Middle Initial)

Mailing Address 3940 NW 54TH CT

City COCONUT CREEK State FL Zip Code 33073-4123

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

Name of Employer PALMETTO GENERAL HOSPITAL Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR1159306626939

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARY ANN T RAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 20230 PINGREE WAY

City YORBA LINDA State CA Zip Code 92887-3257

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

Name of Employer PLACENTIA LINDA HOSPITAL Occupation ASSOCIATE ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
11 / 30 / 2011
Transaction ID : PR1461493126939

Amount of Each Receipt this Period 20.00

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

B. SHELLEY GILES
Full Name (Last, First, Middle Initial)

Mailing Address 3803 STOCKTON LN

City DALLAS State TX Zip Code 75287-4919

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
11 / 30 / 2011
Transaction ID : PR1479664426939

Amount of Each Receipt this Period 40.00

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

C. NANCY FOSTER
Full Name (Last, First, Middle Initial)

Mailing Address 9603 FOREST RIDGE CR

City DAVIE State FL Zip Code 33328-6791

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
11 / 30 / 2011
Transaction ID : PR1481202726939

Amount of Each Receipt this Period 20.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JEFFREY KOURY		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 42 BARNEBURG		Transaction ID : PR1481203526939
City DOVE CANYON	State CA	Zip Code 92679-4210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP AND REGIONAL CFO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 912.00	

Full Name (Last, First, Middle Initial) B. JANIS THAYER		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 1735 CRIMSON TERRACE		Transaction ID : PR1481210626939
City BRENTWOOD	State CA	Zip Code 94513-2618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. PAUL SMITH		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 24 WILLOW OAK LN		Transaction ID : PR1481221126939
City SAINT LOUIS	State MO	Zip Code 63122-4714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	116.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MICHAEL K BURTNETT
Full Name (Last, First, Middle Initial)

Mailing Address 1131 N. EDGEFIELD AVE

City DALLAS	State TX	Zip Code 75208-3624
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP
--	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **912.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR1568624526939

Amount of Each Receipt this Period

76.00

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

B. CARLOS A DUBE
Full Name (Last, First, Middle Initial)

Mailing Address 10172 SAIGON DR

City EL PASO	State TX	Zip Code 79925-5428
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FEC ID number of contributing federal political committee. **C**

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation DIR
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR1568782026939

Amount of Each Receipt this Period

38.00

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

C. AMY L SUTER
Full Name (Last, First, Middle Initial)

Mailing Address 1758 NORTHVIEW

City CARROLLTON	State TX	Zip Code 75007-3045
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR1592704026939

Amount of Each Receipt this Period

20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. THOMAS RICE		Date of Receipt
Mailing Address 15126 FERDINAND DR		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75248-6437
FEC ID number of contributing federal political committee.		Transaction ID : PR1592856026939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	SVP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="928.00"/>	

Full Name (Last, First, Middle Initial) B. JEFFREY NIEMAN		Date of Receipt
Mailing Address 1823 COUNTRYSIDE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
CARROLLTON	TX	75007-1418
FEC ID number of contributing federal political committee.		Transaction ID : PR1592857426939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	P/R Deduction (\$19.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="323.00"/>	

Full Name (Last, First, Middle Initial) C. ROBERT SMITH		Date of Receipt
Mailing Address 5325 TATE AVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
PLANO	TX	75093-3433
FEC ID number of contributing federal political committee.		Transaction ID : PR1592857726939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	P/R Deduction (\$40.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	SVP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="960.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="196.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. RICKY JOHNSTON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 404 N.CHURCH ST		Transaction ID : PR1592858226939
City MCKINNEY	State TX	Zip Code 75069-3855
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) B. CORDELIA BARBERA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 1200 CHEYENNE DR		Transaction ID : PR1592858326939
City DESOTO	State TX	Zip Code 75115-7778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. WEBB COCHRAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 3961 ST. CLAIRE CT		Transaction ID : PR1594942626939
City ATLANTA	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAY MIRANDA
Full Name (Last, First, Middle Initial)

Mailing Address 15871 SW 148 TERRACE

City MIAMI State FL Zip Code 33196-5701

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

Name of Employer CORAL GABLES HOSPITAL Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR1734839226939

Amount of Each Receipt this Period
 80.00

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

B. LEA D FOURKILLER
Full Name (Last, First, Middle Initial)

Mailing Address 13219 GEORGE STREET

City FARMERS BRANCH State TX Zip Code 75234-5206

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR1735529126939

Amount of Each Receipt this Period
 88.00

P/R Deduction (\$44.00 Bi-Weekly)

C. JASON E EVANS
Full Name (Last, First, Middle Initial)

Mailing Address 1808 FLINT RIDGE DR

City ALLEN State TX Zip Code 75002-1567

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

Name of Employer LAKE POINTE MEDICAL CENTER Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR1735905226939

Amount of Each Receipt this Period
 38.00

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

SUBTOTAL of Receipts This Page (optional).....▶	206.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEREMY L CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 3336 SUNNIROC ROAD

City BIRMINGHAM State AL Zip Code 35210-3799

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

Name of Employer: BROOKWOOD MEDICAL CENTER Occupation: ASSOCIATE ADMINISTATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt: **11 / 30 / 2011**

Transaction ID : PR1735911026939

Amount of Each Receipt this Period: **60.00**

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

B. CHAD W LAND
Full Name (Last, First, Middle Initial)

Mailing Address 215 DURANGO DRIVE

City TROPHY CLUB State TX Zip Code 76262-5294

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

Name of Employer: TENET HEALTHSYSTEM-TEXAS Occupation: ANALYST-FINANCIAL SR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: **11 / 30 / 2011**

Transaction ID : PR1752747826939

Amount of Each Receipt this Period: **20.00**

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

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

Mailing Address 1111 MONTCLAIR AVENUE

City DALLAS State TX Zip Code 75208-7114

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

Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VP, GOVERNMENT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2304.00**

Date of Receipt: **11 / 30 / 2011**

Transaction ID : PR1814798526939

Amount of Each Receipt this Period: **192.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4050 SPALDING DR

City ATLANTA State GA Zip Code 30350-1100

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR2069711426939

Amount of Each Receipt this Period
 38.00

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

B. GREGORY S MANIS
Full Name (Last, First, Middle Initial)

Mailing Address 3305 STONEBROOK DR.

City RICHARDSON State TX Zip Code 75082-3667

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

Name of Employer ST. MARY'S MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR2070027426939

Amount of Each Receipt this Period
 20.00

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

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

Mailing Address 391 E MILGEO AVE

City RIPON State CA Zip Code 95366-2120

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

Name of Employer DOCTORS HOSPITAL OF MANTECA Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR2174141226939

Amount of Each Receipt this Period
 38.00

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

SUBTOTAL of Receipts This Page (optional).....▶	96.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROBERT J CUNNAH		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 163 VILLAGIO WEST		Transaction ID : PR2174361626939
City PALM SPRINGS	State CA	Zip Code 92262-6395
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation CMO	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. HENRY T HUDSON III		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 49150 GILA RIVER DRIVE		Transaction ID : PR2174385926939
City INDIO	State CA	Zip Code 92201-8846
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation ASSOCIATE ADMINISTRATOR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. CATHRYN H FRASER		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 272 ENCLAVES COURT		Transaction ID : PR2174559926939
City COPPELL	State TX	Zip Code 75019-2125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, HUMAN RESOURCES	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2304.00	

SUBTOTAL of Receipts This Page (optional).....▶	312.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ALVIN W JOSEPHS			Date of Receipt
Mailing Address 3717 HERWOL AVE			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : PR2174561226939
WACO	TX	76710-7218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)	
TENET HEALTHCARE CORPORATION	SR DIR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="936.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. JOHN P LANDINO			Date of Receipt
Mailing Address 911 LAKE BREEZE			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : PR2174561726939
HIGHLAND VILLAGE	TX	75077-6491	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)	
TENET HEALTHCARE CORPORATION	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="429.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. BRUCE MEARS			Date of Receipt
Mailing Address 10312 ARVIN HILL RD			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : PR2174562626939
AUBREY	TX	76227-6847	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)	
TENET HEALTHCARE CORPORATION	DIR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. GEORGE PIETRI		Date of Receipt
Mailing Address 2908 LIGHTHOUSE DR		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
DENTON	TX	76210-0094
FEC ID number of contributing federal political committee.		Transaction ID : PR2174563426939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>

Full Name (Last, First, Middle Initial) B. BIGGS C PORTER		Date of Receipt
Mailing Address 4535 MANNING LANE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75220-6434
FEC ID number of contributing federal political committee.		Transaction ID : PR2174563626939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	CHIEF FINANCIAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="2400.00"/>

Full Name (Last, First, Middle Initial) C. WENDY TISCHLER		Date of Receipt
Mailing Address 5921 MALMESBURY RD		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75252-4206
FEC ID number of contributing federal political committee.		Transaction ID : PR2174565826939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RICHARD BECK
Full Name (Last, First, Middle Initial)
Mailing Address 107 WATERMAN
City IRVINE State CA Zip Code 92602-1654
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2174566426939
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. ERIC BURCH
Full Name (Last, First, Middle Initial)
Mailing Address 7085 CRYSTALLINE DRIVE
City CARLSBAD State CA Zip Code 92011-3968
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2174566626939
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

C. JEFFERY FLOCKEN
Full Name (Last, First, Middle Initial)
Mailing Address 27 NEW DAWN
City IRVINE State CA Zip Code 92620-1976
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2174567326939
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 230.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KIMBERLY P BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2634 FOREST PEBBLE
 City SAN ANTONIO State TX Zip Code 78232-4141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2188376426939
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. PATRICIA SECHI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 S. OCEAN DRIVE #1802
 City HALLANDALE BEACH State FL Zip Code 33009-7680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH SHORE MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2216476826939
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. SALLY A HURT-STEFFEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 WALTHAM CT
 City EL PASO State TX Zip Code 79922-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2248480226939
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RUBEN O RODRIGUEZ
Full Name (Last, First, Middle Initial)

Mailing Address 6905 VILLA HERMOSA

City EL PASO State TX Zip Code 79912-2341

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2248482526939

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 3249 REGENT DRIVE

City DALLAS State TX Zip Code 75229-5056

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2248651626939

Amount of Each Receipt this Period 20.00

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

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

Mailing Address 12407 DEER TRACK

City AUSTIN State TX Zip Code 78727-5745

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2248652526939

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

City EL PASO	State TX	Zip Code 79912-1709
-----------------	-------------	------------------------

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

Name of Employer SIERRA MEDICAL CENTER	Occupation DIR PUBLIC RELATIONS
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR2284144026939

Amount of Each Receipt this Period

78.00

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

B. GLORIA M LOERA
Full Name (Last, First, Middle Initial)
Mailing Address 4756 HARMONY DR

City EL PASO	State TX	Zip Code 79924-1027
-----------------	-------------	------------------------

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation DIR EDUCATION
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR2284265026939

Amount of Each Receipt this Period

20.00

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

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

City EL PASO	State TX	Zip Code 79936-4233
-----------------	-------------	------------------------

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation DIR
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR2284266526939

Amount of Each Receipt this Period

20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BRADLEY C TAYLOR
Full Name (Last, First, Middle Initial)
Mailing Address 9438 THORNBERRY LANE

City DALLAS	State TX	Zip Code 75220-5145
----------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR2284285126939

Amount of Each Receipt this Period
38.00

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

B. DAVID W BLACK
Full Name (Last, First, Middle Initial)
Mailing Address 5965 CAMPUS CT

City PLANO	State TX	Zip Code 75093-8714
---------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR2284285226939

Amount of Each Receipt this Period
20.00

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

C. BRADLEY S TALBERT
Full Name (Last, First, Middle Initial)
Mailing Address 16 PADDOCKS BLVD

City HILTON HEAD	State SC	Zip Code 29926-3507
---------------------	-------------	------------------------

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

Name of Employer HILTON HEAD HOSPITAL	Occupation ASSOCIATE ADMINISTRATOR
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR2284452626939

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DIANE KEENER
Full Name (Last, First, Middle Initial)

Mailing Address 8140 SANTA ROSA ROAD

City ATASCADERO State CA Zip Code 93422-4942

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

Name of Employer TWIN CITIES COMMUNITY HOSPITAL Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR2284585526939

Amount of Each Receipt this Period **78.00**

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

B. LEONARD DEONARINE
Full Name (Last, First, Middle Initial)

Mailing Address 13737 NOEL RD #100

City DALLAS State TX Zip Code 75240-2017

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR2369247926939

Amount of Each Receipt this Period **20.00**

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

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

Mailing Address 4141 16TH STREET NE

City HICKORY State NC Zip Code 28601-8408

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **912.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR2369304326939

Amount of Each Receipt this Period **76.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4000 PARKSIDE C BLV#3126

City FARMERS BRANCH	State TX	Zip Code 75244
------------------------	-------------	-------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR2369313426939

Amount of Each Receipt this Period
20.00

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

B. DANNY WESTPHAL
Full Name (Last, First, Middle Initial)

Mailing Address 1836 SABAL PALM DRIVE

City BOCA RATON	State FL	Zip Code 33432-7427
--------------------	-------------	------------------------

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

Name of Employer FLORIDA MEDICAL CENTER	Occupation CHIEF MEDICAL OFFICER
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR2369343326939

Amount of Each Receipt this Period
38.00

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

C. MARY E MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 553 RENEE LANE

City DESOTO	State TX	Zip Code 75115-5161
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR2369373926939

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOHN SHORT		Date of Receipt
Mailing Address 3108 CLYMER DRIVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City PLANO	State TX	Zip Code 75025-5325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : PR238796626939
Name of Employer TENET HEALTHCARE CORPORATION		Amount of Each Receipt this Period
Occupation VP - PMI		<input type="text" value="78.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="text" value="936.00"/>		

Full Name (Last, First, Middle Initial) B. PAUL CASTANON		Date of Receipt
Mailing Address 6307 PRESTON PARKWAY		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City DALLAS	State TX	Zip Code 75205-1650
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : PR2398953026939
Name of Employer TENET HEALTHCARE CORPORATION		Amount of Each Receipt this Period
Occupation VP & ASST GENERAL COUNSEL		<input type="text" value="38.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="text" value="456.00"/>		

Full Name (Last, First, Middle Initial) C. STEPHEN D. PRESTON		Date of Receipt
Mailing Address 3680 VILLAGE CENTER LANE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City BIRMINGHAM	State AL	Zip Code 35226-6343
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : PR2428718426939
Name of Employer BROOKWOOD MEDICAL CENTER		Amount of Each Receipt this Period
Occupation VP External Affairs		<input type="text" value="38.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="text" value="456.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="154.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR MICHAEL R HOLMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4241 VETERANS BLVD #200
 City METAIRIE State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIAGNOSTIC IMAGING SERVICES Occupation CEO DIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2440288726939
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. JACQUELINE HERD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3571 CARRIAGE GLEN WAY
 City DACULA State GA Zip Code 30019-4575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ATLANTA MEDICAL CENTER Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2441476026939
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. KELVIN BAGGETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5721 EDMONDSON ROAD PK #205
 City NASHVILLE State TN Zip Code 37211-6563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF MEDICAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR2444580826939
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. TYLER MURPHY

Mailing Address 108 LONDONBERRY TERRACE

City SOUTHLAKE State TX Zip Code 76092-7321

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP/TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2011			

Transaction ID : PR2444580926939

Amount of Each Receipt this Period

38.00

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

Full Name (Last, First, Middle Initial)
B. MR. JAMES MIKE THATCHER

Mailing Address 2904 CROOKED STICK

City PLANO State TX Zip Code 75093-6352

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2011			

Transaction ID : PR2460337926939

Amount of Each Receipt this Period

38.00

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

Full Name (Last, First, Middle Initial)
C. MR COLLIN O. LEMAISTRE

Mailing Address 288 BOULDER LANE

City NACOGDOCHES State TX Zip Code 75965-7006

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

Name of Employer NACOGDOCHES MEDICAL CENTER Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2011			

Transaction ID : PR2460338026939

Amount of Each Receipt this Period

20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	96.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. ADELE PAULETT		Date of Receipt
Mailing Address 2843 THOMAS AVENUE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75204-2651
FEC ID number of contributing federal political committee.		Transaction ID : PR2460338126939
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	SENIOR DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR. JAMES M. COWLING		Date of Receipt
Mailing Address 111 SUNSET COVE LANE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
PALM BEACH GARDENS	FL	33418-4607
FEC ID number of contributing federal political committee.		Transaction ID : PR2460338226939
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	
PALM BEACH GARDENS MEDICAL CENTER	CEO	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="456.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ALFRED SCHULS		Date of Receipt
Mailing Address 5017 PROSPERITY RIDGE ROAD		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
CHARLOTTE	NC	28269-1538
FEC ID number of contributing federal political committee.		Transaction ID : PR2484168126939
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
PIEDMONT MEDICAL CENTER	DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="78.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ROBIN MONTOYA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 6504 WINDRIDGE		Transaction ID : PR2491650526939
City EL PASO	State TX	Zip Code 79912-3211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation DIRECTOR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. BENSON CHACKO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address P.O. BOX 963040		Transaction ID : PR2491650626939
City EL PASO	State TX	Zip Code 79996-3040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation ASSOC ADMINISTRATOR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. DENISE BERGER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 1504 COUNTRY BEND		Transaction ID : PR2492160326939
City SAINT CHARLES	State MO	Zip Code 63303-2512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer DES PERES HOSPITAL	Occupation HOSPITAL COMPLIANCE OFFICER	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 ▼ 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RAYMOND J FOSTER
Full Name (Last, First, Middle Initial)

Mailing Address 68220 CONCEPCION RD

City CATHEDRAL CITY	State CA	Zip Code 92234-3657
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FEC ID number of contributing federal political committee. **C**

Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation DIR-IMAGING SERVICES
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR405218726939

Amount of Each Receipt this Period

20.00

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

B. CYNTHIA Z BECKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1811 N PARK TOWNE PL

City PHILADELPHIA	State PA	Zip Code 19130-3601
----------------------	-------------	------------------------

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

Name of Employer REGIONAL EXECUTIVE	Occupation MGR
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR406762026939

Amount of Each Receipt this Period

20.00

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

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

Mailing Address 111 RIGHTERS MILL RD

City PENN VALLEY	State PA	Zip Code 19072-1312
---------------------	-------------	------------------------

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

Name of Employer HAHNEMANN UNIVERSITY HOSPITAL	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR406763226939

Amount of Each Receipt this Period

38.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. LEONARD ROSENFELD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 7243 BAXTERSHIRE DRIVE		Transaction ID : PR407201326939
City DALLAS	State TX	Zip Code 75230-3170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) B. THOMAS WOLF		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 2613 MILLINGTON DRIVE		Transaction ID : PR407205126939
City PLANO	State TX	Zip Code 75093-3560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.00
Name of Employer TENET HEALTHCARE CORPORATION	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 ▼ 384.00	

Full Name (Last, First, Middle Initial) C. HANK D IRICK JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 3305 ELAM CT		Transaction ID : PR407205826939
City PLANO	State TX	Zip Code 75093-8087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WILLIAM R WATTS
Full Name (Last, First, Middle Initial)
Mailing Address 7504 DANFIELD CT
City DALLAS State TX Zip Code 75252-6823
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407209426939
Amount of Each Receipt this Period 200.00
P/R Deduction (\$10.00 Bi-Weekly)

B. STEVE BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 16 SARAH NASH CT
City DALLAS State TX Zip Code 75225-2072
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation EVP, CHIEF INFO OFFICER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4560.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407210626939
Amount of Each Receipt this Period 380.00
P/R Deduction (\$190.00 Bi-Weekly)

C. JOHN B MCDONALD
Full Name (Last, First, Middle Initial)
Mailing Address 2230 WARNER ROAD
City FORT WORTH State TX Zip Code 76110-1752
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407215826939
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 476.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WAYNE E COBB
Full Name (Last, First, Middle Initial)

Mailing Address 4001 ORCHID LANE

City MANSFIELD State TX Zip Code 76063-5577

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407216426939

Amount of Each Receipt this Period 20.00

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

B. SHERRY J HENDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 25 NIGHT HERON PL

City HICKORY State NC Zip Code 28601-8806

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407219726939

Amount of Each Receipt this Period 40.00

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

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

Mailing Address 1805 LONGWOOD CT

City ALLEN State TX Zip Code 75013-3074

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407221526939

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4006 RAMSGATE CT

City COLLEYVILLE State TX Zip Code 76034-4473

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR407222126939

Amount of Each Receipt this Period
 76.00

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

B. ROBERT S HENDLER
Full Name (Last, First, Middle Initial)

Mailing Address 11122 W RICKS CIRCLE

City DALLAS State TX Zip Code 75230-3032

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation REGIONAL CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR407222826939

Amount of Each Receipt this Period
 100.00

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

C. CONLEY S CERVANTES
Full Name (Last, First, Middle Initial)

Mailing Address 819 CAMBRIDGE MANOR LANE

City COPPELL State TX Zip Code 75019-6105

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR407224726939

Amount of Each Receipt this Period
 24.00

P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DOUGLAS E RABE
Full Name (Last, First, Middle Initial)
Mailing Address 9923 CAPRIDGE DR
City DALLAS State TX Zip Code 75238-3469
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407227326939
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. MICHAEL S HONGOLA
Full Name (Last, First, Middle Initial)
Mailing Address 6704 WESTMONT DRIVE
City COLLEYVILLE State TX Zip Code 76034-7263
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407227626939
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. SANDRA HILL
Full Name (Last, First, Middle Initial)
Mailing Address 2008 HAVERSHAM DRIVE
City FLOWER MOUND State TX Zip Code 75022-8440
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407228926939
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. GARY K RUFF		Date of Receipt
Mailing Address 714 KENT CT		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
SOUTHLAKE	TX	76092-8868
FEC ID number of contributing federal political committee.		Transaction ID : PR407229226939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="384.00"/>
Name of Employer	Occupation	P/R Deduction (\$192.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	SVP & GENERAL COUNSEL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4608.00"/>	

Full Name (Last, First, Middle Initial) B. WILLIAM T MOORE		Date of Receipt
Mailing Address 3014 CASTLE PINES DRIVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
DULUTH	GA	30097-2039
FEC ID number of contributing federal political committee.		Transaction ID : PR407231826939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	P/R Deduction (\$20.00 Bi-Weekly)
ATLANTA MEDICAL CENTER	MARKET CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) C. JOHN QUINN		Date of Receipt
Mailing Address 1138 PINE VALLEY ROAD		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
GRIFFIN	GA	30224-4953
FEC ID number of contributing federal political committee.		Transaction ID : PR407236026939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
SPALDING REGIONAL HOSPITAL	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1912.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHARLES MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 747 MENDENHALL CT

City FORT MILL State SC Zip Code 29715-7852

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

Name of Employer: **PIEDMONT MEDICAL CENTER** Occupation: **MARKET CEO**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt: **11 / 30 / 2011**

Transaction ID : PR407241426939

Amount of Each Receipt this Period: **38.00**

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

B. JOHN F HOLLAND
Full Name (Last, First, Middle Initial)

Mailing Address 3610 EDGEWATER STREET

City DALLAS State TX Zip Code 75205-4317

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

Name of Employer: **TENET HEALTHCARE CORPORATION** Occupation: **SVP, REGIONAL OPERATIONS**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2304.00**

Date of Receipt: **11 / 30 / 2011**

Transaction ID : PR407242926939

Amount of Each Receipt this Period: **192.00**

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

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

Mailing Address 264 IDLEWILDE LANE

City SANFORD State NC Zip Code 27332-9304

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

Name of Employer: **CENTRAL CAROLINA HOSPITAL** Occupation: **CEO**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt: **11 / 30 / 2011**

Transaction ID : PR407244826939

Amount of Each Receipt this Period: **70.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6301 COLLINS AVE #2608

City MIAMI BEACH State FL Zip Code 33141-4645

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

Name of Employer HIALEAH HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407245326939

Amount of Each Receipt this Period 40.00

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

B. GARRY L GAUSE
Full Name (Last, First, Middle Initial)

Mailing Address 1150 LAKE COLANY LANE

City VESTAVIA HILLS State AL Zip Code 35242-7423

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

Name of Employer BROOKWOOD MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407248726939

Amount of Each Receipt this Period 20.00

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

C. DAVID L ARCHER
Full Name (Last, First, Middle Initial)

Mailing Address 2594 HOCKSETT COVE

City GERMANTOWN State TN Zip Code 38139-6655

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

Name of Employer SAINT FRANCIS HOSPITAL Occupation MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2304.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407250426939

Amount of Each Receipt this Period 192.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 252.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SUELLEN SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 84 TIERRA VISTA LANE

City PASO ROBLES State CA Zip Code 93446-9702

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR407254526939

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 11034 TIBBS STREET

City DALLAS State TX Zip Code 75230-3450

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF OPERATING OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR407257726939

Amount of Each Receipt this Period
 384.00

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

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

Mailing Address 112 GOLDEN PHEASANT ST

City SLIDELL State LA Zip Code 70461-3116

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

Name of Employer NORTHSHORE REGIONAL MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR407263526939

Amount of Each Receipt this Period
 38.00

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

SUBTOTAL of Receipts This Page (optional).....▶	442.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. TERRY WHEELER			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 Transaction ID : PR407265626939
Mailing Address 13802 MAGNOLIA MANOR			Amount of Each Receipt this Period 70.00
City CYPRESS	State TX	Zip Code 77429-8162	P/R Deduction (\$35.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) B. GARY L HONTS JR			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 Transaction ID : PR407266426939
Mailing Address 1855 SILVERWINGS CT			Amount of Each Receipt this Period 60.00
City MORGAN HILL	State CA	Zip Code 95037-9002	P/R Deduction (\$30.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 720.00		

Full Name (Last, First, Middle Initial) C. MICHELE C MEYER			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 Transaction ID : PR407268526939
Mailing Address 230 GRIMSLEY STAT BLUFF			Amount of Each Receipt this Period 76.00
City SAINT LOUIS	State MO	Zip Code 63129-5030	P/R Deduction (\$38.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 912.00		

SUBTOTAL of Receipts This Page (optional).....▶	206.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RICHARD D CARTER
Full Name (Last, First, Middle Initial)

Mailing Address 5166 LAKE CREST CR

City BIRMINGHAM State AL Zip Code 35217-3543

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

Name of Employer: BROOKWOOD MEDICAL CENTER Occupation: CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR407269126939

Amount of Each Receipt this Period: 20.00

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

B. SAMUEL G HARRIS
Full Name (Last, First, Middle Initial)

Mailing Address 933 HAVENHURST

City WEST HOLLYWOOD State CA Zip Code 90046-6919

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

Name of Employer: TENET HEALTHCARE CORPORATION Occupation: DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR407271126939

Amount of Each Receipt this Period: 20.00

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

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

Mailing Address 23510 BERDON STREET

City WOODLAND HILLS State CA Zip Code 91367-3004

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

Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR407274126939

Amount of Each Receipt this Period: 80.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. KENT G CLAYTON		Date of Receipt
Mailing Address 3 TURTLE BAY DRIVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
NEWPORT BEACH	CA	92660-4266
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR407278126939
Name of Employer	Occupation	Amount of Each Receipt this Period
PLACENTIA LINDA HOSPITAL	CEO	<input type="text" value="76.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="912.00"/>	

Full Name (Last, First, Middle Initial) B. GARY J SLOAN		Date of Receipt
Mailing Address 615 STEVENS CT		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
DANVILLE	CA	94506-4805
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR407278826939
Name of Employer	Occupation	Amount of Each Receipt this Period
SAN RAMON REGION MEDICAL CENTER	CEO	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="456.00"/>	

Full Name (Last, First, Middle Initial) C. CANDACE MARKWITH		Date of Receipt
Mailing Address 980 ISABELLA WAY		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
SAN LUIS OBISPO	CA	93405-6186
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR407280326939
Name of Employer	Occupation	Amount of Each Receipt this Period
SIERRA VISTA REGIONAL MEDICAL CENTER	CEO	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="930.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="192.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RODNEY A REASONER
Full Name (Last, First, Middle Initial)
Mailing Address 1960 MARY LEE LN
City ALLEN State TX Zip Code 75002-8528
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407280926939
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. MICHELE M FINNEY
Full Name (Last, First, Middle Initial)
Mailing Address 21521 TURTLEDOVE STREET
City TRABUCO CANYON State CA Zip Code 92679-3486
FEC ID number of contributing federal political committee. **C**
Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407283926939
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C. KEN WHEAT
Full Name (Last, First, Middle Initial)
Mailing Address 38041 E. BOGERT TRAIL
City PALM SPRINGS State CA Zip Code 92264-9638
FEC ID number of contributing federal political committee. **C**
Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR407288726939
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2425 BATTERING ROCK RD

City	State	Zip Code
TEMPLETON	CA	93465-8371

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

Name of Employer	Occupation
TWIN CITIES COMMUNITY HOSPITAL	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR413941926939

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 102 WILMINGTON CT

City	State	Zip Code
SOUTHLAKE	TX	76092-8492

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

Name of Employer	Occupation
TENET HEALTHCARE CORPORATION	VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **912.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR839152226939

Amount of Each Receipt this Period

76.00

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

C. LINDA K MERCIER
Full Name (Last, First, Middle Initial)

Mailing Address 14 COLUMBIA CREST PLACE

City	State	Zip Code
WOODLANDS	TX	77382-1334

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

Name of Employer	Occupation
HOUSTON NW MEDICAL CENTER	COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR839173326939

Amount of Each Receipt this Period

38.00

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

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PATRICIA C JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 4616 LARGO DR.

City FLOWER MOUND	State TX	Zip Code 75028-3936
----------------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP HUMAN RESOURCES
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR839196426939

Amount of Each Receipt this Period

40.00

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

B. JEFFREY S DOSSETT
Full Name (Last, First, Middle Initial)

Mailing Address 557 LACROIX WAY

City COLUMBIA	State IL	Zip Code 62236-2853
------------------	-------------	------------------------

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

Name of Employer SAINT LOUIS UNIVERSITY HOSPITAL	Occupation DIR - RADIOLOGY SVCS
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR839426526939

Amount of Each Receipt this Period

20.00

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

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

Mailing Address 7365 NW 54TH STREET

City LAUDERHILL	State FL	Zip Code 33319-6346
--------------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR839477826939

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MATTHEW C MICHAELS		Date of Receipt
Mailing Address 8410 PRESIDIO DRIVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
FRISCO	TX	75034-6219
FEC ID number of contributing federal political committee.		Transaction ID : PR839525726939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="240.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	SR DIR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. KEM M MULLINS		Date of Receipt
Mailing Address 10101 FRENCH SPRINGS RD		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
LAKELAND	TN	38002-8425
FEC ID number of contributing federal political committee.		Transaction ID : PR839557426939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	P/R Deduction (\$19.00 Bi-Weekly)
SAINTE FRANCIS HOSPITAL-BARTLETT	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="456.00"/>	

Full Name (Last, First, Middle Initial) C. AUDREY T ANDREWS		Date of Receipt
Mailing Address 702 PENFOLDS		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
COPPELL	TX	75019-4544
FEC ID number of contributing federal political committee.		Transaction ID : PR840566926939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="384.00"/>
Name of Employer	Occupation	P/R Deduction (\$192.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	SVP, CHIEF COMPLIANCE OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4608.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="442.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DREW P KAHN
Full Name (Last, First, Middle Initial)

Mailing Address 16015 KEMPTON PARK

City SPRING State TX Zip Code 77379-6730

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

Name of Employer HOUSTON NW MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR840590426939

Amount of Each Receipt this Period 76.00

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

B. DEBORAH DALEY
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 757

City EDGEWOOD State TX Zip Code 75117-0757

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation ADMINISTRATIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR840706226939

Amount of Each Receipt this Period 40.00

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

C. CRYSTAL L HAYNES
Full Name (Last, First, Middle Initial)

Mailing Address 3924 FLORA PLACE

City ST. LOUIS State MO Zip Code 63110-3733

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

Name of Employer SAINT LOUIS UNIVERSITY HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR840796026939

Amount of Each Receipt this Period 78.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 194.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DAVID W BORDOFSKE
Full Name (Last, First, Middle Initial)

Mailing Address 5001 ASHLAND BELLE LANE

City FRISCO State TX Zip Code 75035-7682

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR840924626939

Amount of Each Receipt this Period 80.00

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

B. INEZ VARGAS
Full Name (Last, First, Middle Initial)

Mailing Address 1219 CHERRY SPRING

City HOUSTON State TX Zip Code 77038-2117

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

Name of Employer TENET PATIENT FINCL SVCS Occupation DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR840961326939

Amount of Each Receipt this Period 20.00

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

C. MARITA COVARRUBIAS
Full Name (Last, First, Middle Initial)

Mailing Address 7115 WILDGROVE AVE

City DALLAS State TX Zip Code 75214-3841

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & ASST GENERAL COUNSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR841446726939

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional).....▶	138.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. TREVOR FETTER		Date of Receipt
Mailing Address 3821 BEVERLY DRIVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75205-2807
FEC ID number of contributing federal political committee.		Transaction ID : PR841482526939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="666.00"/>
Name of Employer	Occupation	P/R Deduction (\$333.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	CEO AND PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4329.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HOAI-SON L NGUYEN		Date of Receipt
Mailing Address 303 PRINCE ALBERT CT		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
RICHARDSON	TX	75081-5059
FEC ID number of contributing federal political committee.		Transaction ID : PR841515826939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	DIR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HUILING ZHANG		Date of Receipt
Mailing Address 2901 DANIEL AVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75205-1515
FEC ID number of contributing federal political committee.		Transaction ID : PR841724226939
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	P/R Deduction (\$19.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	SR DIR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="456.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="724.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOHN TILLY
Full Name (Last, First, Middle Initial)

Mailing Address 1221 WENTWOOD

City IRVING State TX Zip Code 75061-4456

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & ASST GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR842232426939

Amount of Each Receipt this Period
 150.00

P/R Deduction (\$75.00 Bi-Weekly)

B. ELIZABETH JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 3302 MARSH LANE

City GRAPEVINE State TX Zip Code 76051-6828

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR842373126939

Amount of Each Receipt this Period
 76.00

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

C. JUDITH STIMSON-RUSIN
Full Name (Last, First, Middle Initial)

Mailing Address 11807 LITTLESTONE COURT

City WEST PALM BEACH State FL Zip Code 33412-1621

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

Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : PR842449826939

Amount of Each Receipt this Period
 20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	246.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. BRIAN REILLY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : PR843214426939
Mailing Address 55 PARRY DR		Amount of Each Receipt this Period 20.00
City HAINESPORT	State NJ	Zip Code 08036-4881
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. BARBARA H ZURZOLO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : PR843854926939
Mailing Address 13 GREENBRIAR LANE		Amount of Each Receipt this Period 20.00
City PAOLI	State PA	Zip Code 19301-1907
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR. MANAGING COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. LESTER G COTTLE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : PR843874926939
Mailing Address 1625 FAWN LN		Amount of Each Receipt this Period 38.00
City HUNTINGDON VALLEY	State PA	Zip Code 19006-7917
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer ST CHRISTOPHER'S HOSPITAL FOR CHILDR	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SANDRA C HOLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 3874 HEATHERBROOK TRAIL

City VALE State NC Zip Code 28168-9570

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR843888126939

Amount of Each Receipt this Period 20.00

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

B. MANUEL LINARES
Full Name (Last, First, Middle Initial)

Mailing Address 7710 CENTER BAY DR

City NORTH BAY VILLAGE State FL Zip Code 33141-4019

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR844477226939

Amount of Each Receipt this Period 76.00

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

C. DAVID PETTIT
Full Name (Last, First, Middle Initial)

Mailing Address 5124 DESERT VIXEN RD

City PALM BEACH GARDENS State FL Zip Code 33418-7819

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

Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR844609426939

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 116.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PATRICIA L BRAINERD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5412 GLENSHIRE DR
 City PLANO State TX Zip Code 75093-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR844644426939
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. STEVEN B BARR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 BINZ
 City HOUSTON State TX Zip Code 77004-7016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLAZA SPECIALTY HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR844656626939
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. THOMAS I RUNKLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 868B PENNOCK ST
 City PHILADELPHIA State PA Zip Code 19130-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation DIRECTOR OF OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR844712826939
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 176.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 55 OF 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. LYNNE SCROGGINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3777 PEACHTREE RD NE 632
 City ATLANTA State GA Zip Code 30319-5209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ATLANTA MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR844786226939
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR846311926939
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. SCOTT A RIFKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2188 ASPEN
 City TUSTIN RANCH State CA Zip Code 92782-8339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR846690226939
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ERIC M DELGADO
Full Name (Last, First, Middle Initial)

Mailing Address 4734 BRIERCREST AVE.

City LAKEWOOD State CA Zip Code 90713-2312

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

Name of Employer IRVINE REGIONAL HOSPITAL MEDICAL CEN' Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR846888226939

Amount of Each Receipt this Period 20.00

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

B. MICHAEL J KING
Full Name (Last, First, Middle Initial)

Mailing Address 2713 STUYVESANT CR

City MODESTO State CA Zip Code 95356-0337

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

Name of Employer DOCTORS MEDICAL CENTER-MODESTO Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR847417826939

Amount of Each Receipt this Period 38.00

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

C. MARK A NEU
Full Name (Last, First, Middle Initial)

Mailing Address 144 WILD HORSE LOOP

City RANCHO SANTA MARGARITA State CA Zip Code 92688-1805

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR847814226939

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 11 / 30 / 2011
Transaction ID : PR847970126939
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MONICA C VARGAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4017 FLAMINGO
 City EL PASO State TX Zip Code 79902-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR849126626939
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. JAMES CLEMENTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 GOLF CREST LANE
 City WOODSTOCK State GA Zip Code 30189-8197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR849790226939
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	152.00
TOTAL This Period (last page this line number only).....	9752.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. IMPACT

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2011 Contribution

011

Category/
Type

Candidate Name

IMPACT

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : 33993165

Amount of Each Disbursement this Period

1000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

B. Bachus for Congress Committee

Mailing Address P.O. Box 131134

City Birmingham State AL Zip Code 35213

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Rep. Spencer Bachus

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AL District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : 33993169

Amount of Each Disbursement this Period

1000.00

2012 Primary

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2000.00

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. The Jim Carns Campaign

Mailing Address P.O. Box 43797

City Birmingham State AL Zip Code 35243

Purpose of Disbursement
Jim Carns, STATE HOUSE 48th AL

011

Candidate Name

AL Rep. Jim Carns

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AL District: 48

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2011			

Transaction ID : 33977381

Amount of Each Disbursement this Period

500.00

Jim Carns, STATE HOUSE 48th AL

Full Name (Last, First, Middle Initial)

B. Friends of Dominic Pileggi

Mailing Address 323 West Front Street

City Media State PA Zip Code 19063

Purpose of Disbursement
Dominic Pileggi, STATE SENATE 9th PA

011

Candidate Name

PA Sen. Dominic Pileggi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2011			

Transaction ID : 33997815

Amount of Each Disbursement this Period

500.00

Dominic Pileggi, STATE SENATE 9th PA

Full Name (Last, First, Middle Initial)

C. Senate Democratic Campaign Committee

Mailing Address 300 N. 2nd Street, 8th Floor

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2011			

Transaction ID : 33997816

Amount of Each Disbursement this Period

1000.00

2011 Contribution

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Senate Republican Campaign Committee

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
2011 Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 33997828

Amount of Each Disbursement this Period

2011 Contribution

Full Name (Last, First, Middle Initial)

B. Jay Costa, Jr. for State Senate

Mailing Address 314 Newport Road

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Jay Costa, STATE SENATE 43rd PA

011
Category/
Type

Candidate Name

Senator Jay Costa Jr.

Office Sought: House Senate President
State: PA District:

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 33997829

Amount of Each Disbursement this Period

Jay Costa, STATE SENATE 43rd PA

Full Name (Last, First, Middle Initial)

C. Bill Herbkersman Campaign

Mailing Address P.O. Box 2120

City Bluffton State SC Zip Code 29910

Purpose of Disbursement
William Herbkersman, STATE HOUSE 118th SC

011
Category/
Type

Candidate Name

SC Rep. William Herbkersman

Office Sought: House Senate President
State: SC District: 18

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34052849

Amount of Each Disbursement this Period

William Herbkersman, STATE HOUSE 118th SC

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brian White for State House

Mailing Address P.O. Box 970

City Anderson State SC Zip Code 29622

Purpose of Disbursement
W. White, STATE HOUSE 6th SC

011

Category/
Type

Candidate Name

Representa W. White

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2011

Transaction ID : 34052850

Amount of Each Disbursement this Period

1000.00

W. White, STATE HOUSE 6th SC

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

5500.00