

**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="2014"/>		119469.51
(b) Cash on Hand at Beginning of Reporting Period.....	84888.08	
(c) Total Receipts (from Line 19)	18619.95	212265.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	103508.03	331735.33
7. Total Disbursements (from Line 31).....	22150.00	250377.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	81358.03	81358.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TENET HEALTHCARE CORPORATION 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).....	16443.91	103144.06
(ii) Unitemized	2176.04	42954.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18619.95	146098.70
(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)	18619.95	146098.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	64667.12
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	1500.00
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))..... ▶	18619.95	212265.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18619.95	212265.82

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	220.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	220.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	170000.00
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	202.00
(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	202.00
29. Other Disbursements	150.00	79955.30
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)) ..	22150.00	250377.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22150.00	250377.30

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)	18619.95	146098.70
34. Total Contribution Refunds (from Line 28(d))	0.00	202.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18619.95	145896.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	220.00
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	220.00

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

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

FOR LINE NUMBER: PAGE 6 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. LESTER G COTTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1625 Fawn Ln
 City State Zip Code
 Huntingdon Valley PA 19006-7917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. CHRISTOPHER'S HOSPITAL FOR CHILDRE CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014
Transaction ID : A7AEC163B15B94EBBA22
 Amount of Each Receipt this Period
 57.00
 Payroll Deduction: \$19.00/Bi-Weekly

B. KELLY SCHIRMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Locust St
 Apt 3911
 City State Zip Code
 Philadelphia PA 19102-4326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. CHRISTOPHER'S HOSPITAL FOR CHILDRE COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014
Transaction ID : AFB9DF4946EC34B01BAF
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction: \$10.00/Bi-Weekly

C. STEPHEN W KROUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 632 Hirst Ave
 City State Zip Code
 Havertown PA 19083-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. CHRISTOPHER'S HOSPITAL FOR CHILDRE CHIEF HR OFFICER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014
Transaction ID : A8B70FEB4236343AB8E0
 Amount of Each Receipt this Period
 57.00
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 144.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 74
	<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. GARRY L GAUSE

Mailing Address 1150 Lake Colony Ln

City Vestavia State AL Zip Code 35242-7423

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

Name of Employer Occupation
BROOKWOOD MEDICAL CENTER CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 27 / 2014
Transaction ID : A9A459DC88453429AA02

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. KEITH STANHILL

Mailing Address 10423 REDMOND DRIVE

City Cordova State TN Zip Code 38016-5436

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

Name of Employer Occupation
St. Francis-Equicare CHIEF HR OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.00

Date of Receipt
12 / 27 / 2014
Transaction ID : A9BE0BB8F8DBE44ACA4E

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 5166 E Lake Blvd

City Birmingham State AL Zip Code 35217-3543

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

Name of Employer Occupation
BROOKWOOD MEDICAL CENTER CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
332.00

Date of Receipt
12 / 27 / 2014
Transaction ID : A3D929AEF36D74E05B43

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MOISES PADILLA
Full Name (Last, First, Middle Initial)

Mailing Address 450 NE 5th St
Unit 251

City Ft Lauderdale State FL Zip Code 33301-3461

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 27 / 2014
Transaction ID : **ADBEFCDED055C4B969E4**

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 1219 Cherry Spring Dr

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, REV CYCLE MGMT II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 27 / 2014
Transaction ID : **ADC14FDC329E0422CACA**

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

C. NANCY LUTTRULL-KITT
Full Name (Last, First, Middle Initial)

Mailing Address 9530 Deodar St

City Rancho Cucamonga State CA Zip Code 91737-3547

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

Name of Employer TENET PATIENT FINCL SVCS Occupation DIR, REV CYCLE MGMT II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 27 / 2014
Transaction ID : **ACBC340E13D4B458E9E7**

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JAIKUMAR KRISHNASWAMY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13123 Avalange Ct
 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 ▼ 494.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A4D048671B61F4451A61
 Amount of Each Receipt this Period 57.00
 Payroll Deduction: \$19.00/Bi-Weekly

B. TERRY WHEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13802 Magnolia Manor Dr
 City Cypress State TX Zip Code 77429-8162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 12 / 27 / 2014
Transaction ID : AFF22BE83D44041CEA4F
 Amount of Each Receipt this Period 105.00
 Payroll Deduction: \$35.00/Bi-Weekly

C. JOE D THOMASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6304 Carmel Falls Ct
 City McKinney State TX Zip Code 75070-8768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTENNIAL MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt 12 / 27 / 2014
Transaction ID : AD0E7C35B2D6C47518E3
 Amount of Each Receipt this Period 114.00
 Payroll Deduction: \$38.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	276.00
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 74
	<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. ERIK G. WEXLER
Full Name (Last, First, Middle Initial)

Mailing Address 110 STUART ST, UNIT 25E

City	State	Zip Code
Boston	MA	02116-5675

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

Name of Employer	Occupation
Tenet Healthcare Corp	CEO, Northeast Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AC1AFF34369184612AF4

Amount of Each Receipt this Period

117.00

Payroll Deduction: \$39.00/Bi-Weekly

B. JOHN W. TURNER Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Ross Ave, Suite 1400

City	State	Zip Code
Dallas	TX	75202-2703

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

Name of Employer	Occupation
Tenet Healthcare Corp	Senior Director, Practice Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AAC4B1086CD2146FDAEA

Amount of Each Receipt this Period

117.00

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 10847 LOCHSPRING DRIVE

City	State	Zip Code
Dallas	TX	75218-1201

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

Name of Employer	Occupation
Tenet Healthcare Corp	Director, Physician Business Developem

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
12	/	27	/	2014

Transaction ID : A2CB82CE1062249F58AD

Amount of Each Receipt this Period

57.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	291.00
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 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. HAROLD K. BANDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9004 OLD SMRYNA RD
 City Brentwood State TN Zip Code 37027-6058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tenet Healthcare Corp Occupation Senior Director, IS Architecture
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **560.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : AE6450C4699914A08B26
 Amount of Each Receipt this Period **120.00**
 Payroll Deduction: \$40.00/Bi-Weekly

B. MARY A MCCREA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 N 128th Cir
 City Omaha State NE Zip Code 68164-4236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CREIGHTON UNIVERSITY MEDICAL CENTER Occupation CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A7737809F8EFB432990D
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction: \$10.00/Bi-Weekly

C. JASON E EVANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 676 Bryn Mahr Ln
 City Rockwall State TX Zip Code 75087-6018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAKE POINTE MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1014.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A8F43670B2B314EF9A1F
 Amount of Each Receipt this Period **117.00**
 Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	267.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 74
	<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 M LOWES
Full Name (Last, First, Middle Initial)

Mailing Address 428 Tribal Woods Rd

City Collierville State TN Zip Code 38017-3404

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A80357B29E01E4C5C947

Amount of Each Receipt this Period 30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 1138 Pine Valley Rd

City Griffin State GA Zip Code 30224-4953

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

Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 988.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A1E1E610F1C794BF4A00

Amount of Each Receipt this Period 114.00

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 255 Evernia St Apt 1503

City West Palm Bch State FL Zip Code 33401-5691

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

Name of Employer Pinnacle M.S.O Occupation VP & CEO MIDTOWN IMAGING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 27 / 2014
Transaction ID : AEC58B6020A4F448E942

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 201.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 74
	<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. REBECCA SPEIGHT
Full Name (Last, First, Middle Initial)
Mailing Address 210 Chatfield Dr

City Rockwall	State TX	Zip Code 75087-7140
------------------	-------------	------------------------

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

Name of Employer LAKE POINTE MEDICAL CENTER	Occupation CFO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A73C0916C33EF418697B

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

B. 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 ▼
1014.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A52F1A739773C4A8391B

Amount of Each Receipt this Period
117.00

Payroll Deduction: \$39.00/Bi-Weekly

C. JOHN TRESSA
Full Name (Last, First, Middle Initial)
Mailing Address 4229 Riley St

City Houston	State TX	Zip Code 77005-3546
-----------------	-------------	------------------------

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

Name of Employer PARK PLAZA HOSPITAL	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A4F91E9CB543D4D7DB91

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	177.00
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 74
	<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

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. ROBERT HOEFER
Full Name (Last, First, Middle Initial)

Mailing Address 11216 Hermitage Hill Place

City Saint Louis	State MO	Zip Code 63131-3322
---------------------	-------------	------------------------

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

Name of Employer St. Louis University Hospital	Occupation COO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A600D0F93BDB4462985A

Amount of Each Receipt this Period

117.00

Payroll Deduction: \$39.00/Bi-Weekly

B. WILLIAM T MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 3014 Castle Pines Dr

City Duluth	State GA	Zip Code 30097-2039
----------------	-------------	------------------------

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

Name of Employer ATLANTA MEDICAL CENTER	Occupation MARKET CEO
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AB11D4928DD884867B52

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$20.00/Bi-Weekly

C. 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 ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AC38A8B086D61437694E

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	207.00
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 74
	<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. LYNNE SCROGGINS
Full Name (Last, First, Middle Initial)

Mailing Address 3777 Peachtree Rd NE
Apt 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 ▼
260.00

Date of Receipt
12 / 27 / 2014
Transaction ID : AA3F0EB1BFF704E598C8

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

B. DOUGLAS BREWER
Full Name (Last, First, Middle Initial)

Mailing Address 351 SAWMILL ROAD

City Dillsburg State PA Zip Code 17019-9582

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

Name of Employer ATLANTA MEDICAL CENTER Occupation Director of Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
12 / 27 / 2014
Transaction ID : ABA1C4B3A320045169C8

Amount of Each Receipt this Period
117.00

Payroll Deduction: \$39.00/Bi-Weekly

C. CEZAR L QUIAMBAO
Full Name (Last, First, Middle Initial)

Mailing Address 845 Brisa Del Mar Dr

City El Paso State TX Zip Code 79912-1513

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

Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation DIR, RESPIRATORY SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 27 / 2014
Transaction ID : AAE3BA322AF544230B31

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 177.00

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 74
	<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

Full Name (Last, First, Middle Initial) A. ANTHONY BAIRD		Date of Receipt
Mailing Address 4940 Pikes Peak Dr		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79904-2023
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AB3559F738A8B4B0E88B
Name of Employer	Occupation	Amount of Each Receipt this Period
PROVIDENCE MEMORIAL HOSPITAL	ADMIN DIR DCQI	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$10.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KAREN R FOWLER		Date of Receipt
Mailing Address 8306 Turquoise St		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79904-2513
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AFAC0932494B94E9FA92
Name of Employer	Occupation	Amount of Each Receipt this Period
PROVIDENCE MEMORIAL HOSPITAL	ASST VP NURSING	<input type="text" value="57.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$19.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="494.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOHN A GRAH		Date of Receipt
Mailing Address 6104 La Posta Dr		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79912-1842
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AB51F6583A796439EB76
Name of Employer	Occupation	Amount of Each Receipt this Period
PROVIDENCE MEMORIAL HOSPITAL	COO	<input type="text" value="117.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$39.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1014.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="204.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 OF 74
(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. BRADLEY S TALBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Paddocks Blvd
 City State Zip Code
 Hilton Head SC 29926-3507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HILTON HEAD HOSPITAL COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014
Transaction ID : A0E7C738CC83C4827AE8
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction: \$10.00/Bi-Weekly

B. MICHAEL A KENDRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1535 Lovell Lndg
 City State Zip Code
 Columbia IL 62236-2857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DES PERES HOSPITAL COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014
Transaction ID : A4B552E9DCBDC434AAD2
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction: \$10.00/Bi-Weekly

C. DENISE F BERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 Country Bend Dr
 City State Zip Code
 Saint Charles MO 63303-2512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DES PERES HOSPITAL HOSPITAL COMPLIANCE OFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 624.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014
Transaction ID : AB479CD832E7C4AB3814
 Amount of Each Receipt this Period
 117.00
 Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 177.00
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 18 OF 74
	<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. CAROL HAN		Date of Receipt 12 / 27 / 2014 Transaction ID : AE467826286CD4FE4876
Mailing Address 4417 Knollview Dr		Amount of Each Receipt this Period 30.00
City Plano	State TX	Zip Code 75024-4303
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$10.00/Bi-Weekly
Name of Employer TENET HEALTHCARE CORPORATION	Occupation MGR, MANAGED CARE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. JEFFREY KOURY		Date of Receipt 12 / 27 / 2014 Transaction ID : A60A820DF4C5C4027BF0
Mailing Address 42 Barneburg		Amount of Each Receipt this Period 114.00
City Dove Canyon	State CA	Zip Code 92679-4210
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$38.00/Bi-Weekly
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, REGIONAL OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 988.00	

Full Name (Last, First, Middle Initial) C. CRAIG C ARMIN		Date of Receipt 12 / 27 / 2014 Transaction ID : A980E2C5623584C708EF
Mailing Address 23510 Berdon St		Amount of Each Receipt this Period 120.00
City Woodland Hills	State CA	Zip Code 91367-3004
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$40.00/Bi-Weekly
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, GOVT PROGRAMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 74
	<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, COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 27 / 2014
Transaction ID : AFBE745A3FAB84DAABEI
 Amount of Each Receipt this Period 30.00
 Payroll Deduction: \$10.00/Bi-Weekly

B. PAUL A CASTANON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6307 Preston Pkwy
 City Dallas State TX Zip Code 75205-1650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & DEPUTY GNRL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A8A916A48485D407EA6F
 Amount of Each Receipt this Period 57.00
 Payroll Deduction: \$19.00/Bi-Weekly

C. 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, FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt 12 / 27 / 2014
Transaction ID : AEB2F4D2AD7D1415FAFF
 Amount of Each Receipt this Period 114.00
 Payroll Deduction: \$38.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 201.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 74
	<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. PAUL SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 24 Willow Oak Ln

City Saint Louis State MO Zip Code 63122-4714

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, OUTPT STRATG DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : AB6FE1CC49F9640B6AB4

Amount of Each Receipt this Period
 30.00

Payroll Deduction: \$10.00/Bi-Weekly

B. KIM C PULLIAM
Full Name (Last, First, Middle Initial)

Mailing Address 3016 Duplex Rd

City Spring Hill State TN Zip Code 37174-9216

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, C&D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : A26189F2694B748208F9

Amount of Each Receipt this Period
 30.00

Payroll Deduction: \$10.00/Bi-Weekly

C. MARK L ATTEBERRY
Full Name (Last, First, Middle Initial)

Mailing Address RR 4 Box 76F

City Shelbyville State IL Zip Code 62565-8664

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, PROJECT C&D II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : AE5BF36C485BC4ADCA62

Amount of Each Receipt this Period
 30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMAS WOLF
Full Name (Last, First, Middle Initial)

Mailing Address 2613 Millington Dr

City Plano	State TX	Zip Code 75093-3560
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation MGR, REIMBURSEMENT
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼	432.00
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Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A7BEA9EA44E164FFDA0E

Amount of Each Receipt this Period

48.00

Payroll Deduction: \$16.00/Bi-Weekly

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

Mailing Address 290 E Plantation Dr

City Sharpsburg	State GA	Zip Code 30277-1958
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR, MGD CARE ECONOMICS
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼	260.00
--------------------------	--------

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A3C11E7831F374BC7B0A

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 215 Durango Dr

City Trophy Club	State TX	Zip Code 76262-5294
---------------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation MGR, AUDIT SVCS
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼	260.00
--------------------------	--------

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A3BE48045787745A2873

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	108.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 74
	<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. EDWARD MESCO
Full Name (Last, First, Middle Initial)

Mailing Address 7365 NW 54th St

City State Zip Code
Lauderhill FL 33319-6346

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION DIR, REG REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 27 / 2014
Transaction ID : ABCFE3C722B6B4CF5B9F

Amount of Each Receipt this Period
75.00

Payroll Deduction: \$25.00/Bi-Weekly

B. SHERRI MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 10989 County Road 59

City State Zip Code
Celina TX 75009-2280

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION MGR, HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 27 / 2014
Transaction ID : AB0BF34BCD1664780B55

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 2411 N Hall St
Apt 19

City State Zip Code
Dallas TX 75204-2839

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
12 / 27 / 2014
Transaction ID : A7EFEA312AF744CE1BE4

Amount of Each Receipt this Period
60.00

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00

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 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. ROBERT D COKER

Mailing Address 7505 Dana Ln

City North Richland Hills State TX Zip Code 76182-4551

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, QUALITY MGT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : AB1AC5E5212AA4681963

Amount of Each Receipt this Period
 30.00

Payroll Deduction: \$10.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. PAUL D. SLAVIN

Mailing Address 508 Forrest Ave

City Cleburne State TX Zip Code 76033-5345

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP COMPENSATION BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : A0487FABF89B242A4C9

Amount of Each Receipt this Period
 57.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. PHILLIP W. ROE

Mailing Address 1445 Ross Avenue Suite 1400

City Dallas State TX Zip Code 75202-2703

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR. VICE PRESIDENT-FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1536.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : A816EECEECB024BC2A70

Amount of Each Receipt this Period
 288.00

Payroll Deduction: \$96.00/Bi-Weekly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 3080 Canterbury Dr

City Boca Raton State FL Zip Code 33434-0000

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 ▼ 247.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A80DB3E671D9F41F2AD5

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

B. HOAI-SON L NGUYEN
Full Name (Last, First, Middle Initial)

Mailing Address 303 Prince Albert Ct

City Richardson State TX Zip Code 75081-5059

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, IS HR/PR & RPT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A7C472269CA35425282E

Amount of Each Receipt this Period 30.00

Payroll Deduction: \$10.00/Bi-Weekly

C. TIM ADAMS
Full Name (Last, First, Middle Initial)

Mailing Address 2408 University Club Dr

City Austin State TX Zip Code 78732-2052

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 ▼ 2496.00

Date of Receipt 12 / 27 / 2014
Transaction ID : AEC3C511D1C204B3FAFA

Amount of Each Receipt this Period 288.00

Payroll Deduction: \$96.00/Bi-Weekly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 74
	<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. ROB FINNEGAN		Date of Receipt
Mailing Address 2804 Carriage Trl		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
McKinney	TX	75070-4306
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ABA37472B48F74A20AEE
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	SR DIR, FINANCE ASC	<input type="text" value="57.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$19.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="494.00"/>	

Full Name (Last, First, Middle Initial) B. TERESA L HUSKEY		Date of Receipt
Mailing Address 4333 Pershing Ave		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ft Worth	TX	76107-4243
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A53EF6ABBC9B144B19EC
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	SR DIR	<input type="text" value="288.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$96.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="672.00"/>	

Full Name (Last, First, Middle Initial) C. NANCY FOSTER		Date of Receipt
Mailing Address 9603 Forest Ridge Cir		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Davie	FL	33328-6791
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A87E06BB753904FDC9E6
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	DIR, REG REIMBURSEMENT	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$10.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
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 26 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LEONARD DEONARINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1129 Wishing Well Ct
 City Cedar Hill State TX Zip Code 75104-8255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, BUSINESS CONTINUITY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A93E87643C7BA4C10AD4
 Amount of Each Receipt this Period 30.00
 Payroll Deduction: \$10.00/Bi-Weekly

B. HANK D IRICK JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3305 Elam Ct
 City Plano State TX Zip Code 75093-8087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, COST REPORTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 27 / 2014
Transaction ID : ABED2AED110224577B39
 Amount of Each Receipt this Period 30.00
 Payroll Deduction: \$10.00/Bi-Weekly

C. ERIC M DELGADO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4734 Briercrest Ave
 City Lakewood State CA Zip Code 90713-2312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REGIONAL FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A8D0DDFF812C14886A0E
 Amount of Each Receipt this Period 30.00
 Payroll Deduction: \$10.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KELVIN A BAGGETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6453 Tulip Ln
 City Dallas State TX Zip Code 75230-4148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF MEDICAL OFCR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1014.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A14C9E06F74B641E098F
 Amount of Each Receipt this Period **117.00**
 Payroll Deduction: \$39.00/Bi-Weekly

B. AUDREY T ANDREWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Penfolds Ln
 City Coppell State TX Zip Code 75019-4544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation GENERAL COUNSEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4992.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A6D31E53C3D544CE594C
 Amount of Each Receipt this Period **576.00**
 Payroll Deduction: \$192.00/Bi-Weekly

C. SAMUEL G HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 Havenhurst Dr
 City West Hollywood State CA Zip Code 90046-6919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REG REIMBURSEMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A1119C063930E45AD9DC
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **723.00**
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 28 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. AMY L HILL		Date of Receipt
Mailing Address 6237 Westchester Ln		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Plano	TX	75093-6174
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AE4C98ADEF08A4B379E4
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	DIR, NATL MANAGED CARE	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$10.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. VANESSA BENAVIDES		Date of Receipt
Mailing Address 3818 Cedar Spr # 101-32		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75219-0000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A4CE322513E4447828F6
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	CORP COMPLIANCE OFFICER	<input type="text" value="117.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$39.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1014.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMAS RICE		Date of Receipt
Mailing Address 15126 Ferdinand Dr		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75248-6437
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA0EC4D4EFF314061B78
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	SVP, INVESTOR RELATIONS	<input type="text" value="117.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$39.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1014.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="264.00"/>
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 29 OF 74
<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. COREY L DAVISON		Date of Receipt
Mailing Address 2700 Crepe Myrtle Dr		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Flower Mound	State TX	Zip Code 75028-3617
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AFB00817C59A24FD8862
Name of Employer TENET HEALTHCARE CORPORATION		Amount of Each Receipt this Period <input type="text" value="117.00"/>
Occupation VP, GOVT RELATIONS		Payroll Deduction: \$39.00/Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) B. ALVIN W JOSEPHS		Date of Receipt
Mailing Address 3717 Herwol Ave		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Waco	State TX	Zip Code 76710-7218
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A66AF9FD77E694E249DA
Name of Employer TENET HEALTHCARE CORPORATION		Amount of Each Receipt this Period <input type="text" value="117.00"/>
Occupation SR DIR, COMPLNCE POLICY		Payroll Deduction: \$39.00/Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) C. TYLER MURPHY		Date of Receipt
Mailing Address 108 Londonberry Ter		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Southlake	State TX	Zip Code 76092-7321
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A7C1C2B41DBA64D3AA0E
Name of Employer TENET HEALTHCARE CORPORATION		Amount of Each Receipt this Period <input type="text" value="57.00"/>
Occupation VP AND TREASURER		Payroll Deduction: \$19.00/Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="494.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="291.00"/>
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 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 3961 St Claire Ct

City Atlanta State GA Zip Code 30319

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, GOVT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 27 / 2014**

Transaction ID : A12EE8E6CB9394568B81

Amount of Each Receipt this Period **30.00**

Payroll Deduction: \$10.00/Bi-Weekly

B. JOETTA REETZ
Full Name (Last, First, Middle Initial)

Mailing Address 5209 Glen Canyon Rd

City Fort Worth State TX Zip Code 76137-4105

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR FINC PLN & ANAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 27 / 2014**

Transaction ID : AD8F28C1C6C3C47EFBE1

Amount of Each Receipt this Period **30.00**

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 1811 N Park Towne Pl

City Philadelphia State PA Zip Code 19130

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, LITIGATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 27 / 2014**

Transaction ID : A738A09C7DA29490191E

Amount of Each Receipt this Period **30.00**

Payroll Deduction: \$10.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ASST - ADMINISTRATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Date of Receipt
12 / 27 / 2014
Transaction ID : **A95F3790678AB4E3F801**

Amount of Each Receipt this Period
60.00

Payroll Deduction: \$20.00/Bi-Weekly

B. 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, C&D - WESTERN DIV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Date of Receipt
12 / 27 / 2014
Transaction ID : **A9217774C3CE24DB9A01**

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

C. GEORGE PIETRI
Full Name (Last, First, Middle Initial)
Mailing Address 2908 Lighthouse Dr

City Denton	State TX	Zip Code 76210-0094
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEALTHCARE CORPORATION	Occupation MGR, REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Date of Receipt
12 / 27 / 2014
Transaction ID : **AF69F70A7AAF04291BD7**

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/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 32 OF 74
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. CATHRYN H FRASER		Date of Receipt 12 / 27 / 2014 Transaction ID : AEFC053B6609F4B0EAA6
Mailing Address 272 Enclaves Ct		Amount of Each Receipt this Period 288.00
City Coppel	State TX	Zip Code 75019-2125
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$96.00/Bi-Weekly	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

Full Name (Last, First, Middle Initial) B. GARY K RUFF		Date of Receipt 12 / 27 / 2014 Transaction ID : A45AEF46D8A154A4C888
Mailing Address 714 Kent Ct		Amount of Each Receipt this Period 288.00
City Southlake	State TX	Zip Code 76092-8868
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$96.00/Bi-Weekly	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, PHYSICIAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

Full Name (Last, First, Middle Initial) C. ELIZABETH JOHNSON		Date of Receipt 12 / 27 / 2014 Transaction ID : A3ED9C0DD180B4F00A0A
Mailing Address 3302 Marsh Ln		Amount of Each Receipt this Period 114.00
City Grapevine	State TX	Zip Code 76051-6828
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$38.00/Bi-Weekly	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, APPLIED CLINICAL INF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 988.00	

SUBTOTAL of Receipts This Page (optional).....▶	690.00
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 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 4407 Mill Creek Rd

City Dallas State TX Zip Code 75244-6718

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 13 / 2014
Transaction ID : AD74989F560384B5EBA7

Amount of Each Receipt this Period 200.00

Payroll Deduction: \$10.00/Bi-Weekly

B. JEREMY D FALKE
Full Name (Last, First, Middle Initial)

Mailing Address 18726 Olive St

City Omaha State NE Zip Code 68136-1229

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, STRTGIC OPS, ANLYS & REPORTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 27 / 2014
Transaction ID : AC513299417954882800

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 102 Wilmington Ct

City Southlake State TX Zip Code 76092-8492

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 988.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A7DFDD34E6CAB4C069D8

Amount of Each Receipt this Period 114.00

Payroll Deduction: \$38.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 191.00

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 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 84 Tierra Vista Rd

City Paso Robles State CA Zip Code 93446-9702

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, PMI TEAM LEADER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 27 / 2014**

Transaction ID : A8321B41D4D6F46A2A76

Amount of Each Receipt this Period **30.00**

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 819 Cambridge Manor Ln

City Coppell State TX Zip Code 75019-6105

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, MANAGED CARE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **12 / 27 / 2014**

Transaction ID : ACC219F15DCA544EEAC4

Amount of Each Receipt this Period **36.00**

Payroll Deduction: \$12.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. DINA L DUNN

Mailing Address 3717 Cherry Ridge Dr

City Frisco State TX Zip Code 75033-1328

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, HR HOSPITAL OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 27 / 2014**

Transaction ID : A571224B0CCDB4731A3F

Amount of Each Receipt this Period **75.00**

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **141.00**

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 74
	<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 Dr

City Irving State TX Zip Code 75061-4456

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A0A678A0EEA234057BE3

Amount of Each Receipt this Period 225.00

Payroll Deduction: \$75.00/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, RELOCATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A48B894FA0F604BD0BFC

Amount of Each Receipt this Period 60.00

Payroll Deduction: \$20.00/Bi-Weekly

C. DAWN CASTRO
Full Name (Last, First, Middle Initial)

Mailing Address 15408 Fox Meadow Ln

City Frisco State TX Zip Code 75035-3671

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

Name of Employer CONIFER Occupation VP CLIENT DELIVERY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A3CBFF3BC544C4DA6800

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DANIEL M KARNUTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 981 Patrician Ct
 City McKinney State TX Zip Code 75069-8781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONIFER Occupation SVP & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 27 / 2014
Transaction ID : AA9948879F87E4A158AC
 Amount of Each Receipt this Period 75.00
 Payroll Deduction: \$25.00/Bi-Weekly

B. MATTHEW C MICHAELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3507 Munstead Trl
 City Frisco State TX Zip Code 75033-1166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONIFER Occupation SVP, HOSPITAL OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 27 / 2014
Transaction ID : AC8E624CEEB9440E9939
 Amount of Each Receipt this Period 57.00
 Payroll Deduction: \$19.00/Bi-Weekly

C. NORMA A ZERINGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5757 Southwestern Blvd
 City Dallas State TX Zip Code 75209-3437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONIFER Occupation SVP, STRATEGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A2A029B7DCDBB43C0B03
 Amount of Each Receipt this Period 57.00
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	189.00
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 74
	<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. SANDRA C HOLMAN		Date of Receipt 12 / 27 / 2014 Transaction ID : A4CAF6BCEC3B94B7DB11
Mailing Address 3874 Heatherbrook Trl		Amount of Each Receipt this Period 30.00
City Vale	State NC	Zip Code 28168-9570
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$10.00/Bi-Weekly
Name of Employer FRYE REGIONAL MEDICAL CENTER	Occupation DIR, RADIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. PAMELA DAVIS		Date of Receipt 12 / 27 / 2014 Transaction ID : A9801F8C660EA407D99B
Mailing Address 5909 LUTHER AVE #2304		Amount of Each Receipt this Period 288.00
City Dallas	State TX	Zip Code 75225-5914
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$96.00/Bi-Weekly
Name of Employer CONIFER	Occupation Senior Director, Government Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

Full Name (Last, First, Middle Initial) C. Mr. JAMES M THATCHER		Date of Receipt 12 / 27 / 2014 Transaction ID : A4BC6F48806044BC68A6
Mailing Address 6608 Castle Pines Dr		Amount of Each Receipt this Period 57.00
City Plano	State TX	Zip Code 75093-6378
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$19.00/Bi-Weekly
Name of Employer CONIFER	Occupation SVP, BUS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 38 OF 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. STEPHEN M MOONEY
Full Name (Last, First, Middle Initial)
Mailing Address 4619 Briar Oaks Cir
City Dallas State TX Zip Code 75287-7503
FEC ID number of contributing federal political committee. **C**
Name of Employer CONIFER Occupation PRESIDENT, CONIFER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1014.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A05563A64823343F0A12
Amount of Each Receipt this Period **117.00**
Payroll Deduction: \$39.00/Bi-Weekly

B. CONRAD MALLETT
Full Name (Last, First, Middle Initial)
Mailing Address 19386 Cumberland Way
City Detroit State MI Zip Code 48203-1456
FEC ID number of contributing federal political committee. **C**
Name of Employer Detroit Medical Center Occupation Chief Administrative Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2554.00**

Date of Receipt **12 / 13 / 2014**
Transaction ID : A144BD1E206034D8B860
Amount of Each Receipt this Period **166.00**
Payroll Deduction: \$83.00/Bi-Weekly

C. DAVID L ARCHER
Full Name (Last, First, Middle Initial)
Mailing Address 2594 Hocksett Cv
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 **2496.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : AD80A1104F34341A2AD3
Amount of Each Receipt this Period **288.00**
Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **571.00**
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 74
	<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. MARVIS E. PRICE
Full Name (Last, First, Middle Initial)

Mailing Address 421 Sunrise Way

City Juno Beach	State FL	Zip Code 33408-2044
--------------------	-------------	------------------------

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

Name of Employer PALM BEACH GARDENS MEDICAL CENTER	Occupation Chief Nursing Officer
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 27 / 2014
Transaction ID : **ACFC68765F0E34E8B8B6**

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 1300 Binz St

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 ▼
494.00

Date of Receipt
12 / 27 / 2014
Transaction ID : **A461526A95C1C4D1C925**

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

C. ROBERT B SHAPPLEY
Full Name (Last, First, Middle Initial)

Mailing Address 1043 Humphrey Oaks Cir

City Memphis	State TN	Zip Code 38120-2626
-----------------	-------------	------------------------

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

Name of Employer SAINT FRANCIS HOSPITAL	Occupation ASSOC. ADMINISTRATOR
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
494.00

Date of Receipt
12 / 27 / 2014
Transaction ID : **AC61360EBA6AD442491B**

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	144.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 74
	<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. ALTA A. GORDON
Full Name (Last, First, Middle Initial)

Mailing Address 30014 GARDENIA LN

City Southfield State MI Zip Code 48076-2091

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

Name of Employer Detroit Medical Center Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2014

Transaction ID : AF7C6F59AD1FC4B4594F

Amount of Each Receipt this Period
166.00

Payroll Deduction: \$83.00/Bi-Weekly

B. ANDREI SORAN
Full Name (Last, First, Middle Initial)

Mailing Address 28 Lothrop Street

City Newtonville State MA Zip Code 02460-1420

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

Name of Employer Detroit Medical Center Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **468.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : AABBD3ACD9ABB47B2BA

Amount of Each Receipt this Period
117.00

Payroll Deduction: \$39.00/Bi-Weekly

C. REGINALD J. EADIE
Full Name (Last, First, Middle Initial)

Mailing Address 6940 KENNESAW

City Canton State MI Zip Code 48187-1283

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

Name of Employer Detroit Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2014

Transaction ID : A3E9E37EAE96E4CC286D

Amount of Each Receipt this Period
84.00

Payroll Deduction: \$42.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **367.00**

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 74
	<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. LUANNE M. EWALD
Full Name (Last, First, Middle Initial)

Mailing Address 232 MIDLAND BLVD

City	State	Zip Code
Royal Oak	MI	48073-2670

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

Name of Employer	Occupation
Detroit Medical Center	Director of Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2014

Transaction ID : AFF73FFFFAC8548078F6

Amount of Each Receipt this Period
166.00

Payroll Deduction: \$83.00/Bi-Weekly

B. JOSEPH J. MULLANY
Full Name (Last, First, Middle Initial)

Mailing Address 2169 Tottenham Road

City	State	Zip Code
Bloomfield Hills	MI	48301-2332

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

Name of Employer	Occupation
Detroit Medical Center	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1248.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : AC5ACB972D9E94E779DB

Amount of Each Receipt this Period
288.00

Payroll Deduction: \$96.00/Bi-Weekly

C. LERRYN CROCKER
Full Name (Last, First, Middle Initial)

Mailing Address 2386 Liledoun Rd

City	State	Zip Code
Taylorsville	NC	28681-8892

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

Name of Employer	Occupation
FRYE REGIONAL MEDICAL CENTER	CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2496.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : A0AD73D000C31426C8F2

Amount of Each Receipt this Period
288.00

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	742.00
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 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1111 N Montclair Ave

City Dallas State TX Zip Code 75208-3520

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOVERNMENT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A8D10FE28AC3640BA9E1

Amount of Each Receipt this Period 288.00

Payroll Deduction: \$96.00/Bi-Weekly

B. MICHAEL S HONGOLA
Full Name (Last, First, Middle Initial)

Mailing Address 6704 Westmont Dr

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, INFO SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A2876F0FBBA07482BADE

Amount of Each Receipt this Period 60.00

Payroll Deduction: \$20.00/Bi-Weekly

C. SAMUEL ROTH
Full Name (Last, First, Middle Initial)

Mailing Address 4365 Greenleaf Ct

City Concord State CA Zip Code 94518-1941

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIRECTOR GOVERNMENT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A4D939CBDA7FF473883B

Amount of Each Receipt this Period 30.00

Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	378.00
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 74
	<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. BRUCE MEARS
Full Name (Last, First, Middle Initial)
Mailing Address 10312 Arvin Hill Rd

City Aubrey	State TX	Zip Code 76227-6847
----------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR, IS OPERATIONS
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼	260.00
--------------------------	--------

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A1D9E0C70803D4BABADE

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$10.00/Bi-Weekly

B. DOUGLAS E RABE
Full Name (Last, First, Middle Initial)
Mailing Address 7746 Eagle Trl

City Dallas	State TX	Zip Code 75238-4115
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼	520.00
--------------------------	--------

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A1353D7349CFF4B1687F

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$20.00/Bi-Weekly

C. ALLEN C POSTON
Full Name (Last, First, Middle Initial)
Mailing Address 7055 Orchard Vw

City Edmond	State OK	Zip Code 73025-1743
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼	260.00
--------------------------	--------

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A99960B0BE4244259BDA

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$10.00/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 44 OF 74
	<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. CORDELIA BARBERA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Cheyenne Dr
 City Desoto State TX Zip Code 75115-7778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, APPLIED CLIN INFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A66FD834ADE86422AAF9
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction: \$10.00/Bi-Weekly

B. WAYNE E COBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 4001 Orchid Ln
 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, TAX
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : AB448766BDE57436A825
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction: \$10.00/Bi-Weekly

C. CHARLES R HARBISON JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4009 Inspiration Cir
 City Carrollton State TX Zip Code 75010-6418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, FINANCE A&D
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A46C69F9079734041A01
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction: \$10.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 74
	<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. TIMOTHY RAPER		Date of Receipt 12 / 27 / 2014 Transaction ID : AA7A1A7D9369A44968D5
Mailing Address 2333 Salisbury Ct		Amount of Each Receipt this Period 300.00
City Lewisville	State TX	Zip Code 75056-5644
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$10.00/Bi-Weekly
Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR, AVIATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. JULIE K DIPPEL		Date of Receipt 12 / 27 / 2014 Transaction ID : AAD1091066AA94EAA976
Mailing Address 3706 Ash Glen Dr		Amount of Each Receipt this Period 300.00
City Spring	State TX	Zip Code 77388-4154
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$10.00/Bi-Weekly
Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR, ORG LEARNING & DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. MICHAEL K BURTNETT		Date of Receipt 12 / 27 / 2014 Transaction ID : AE42F12EC7CFD4B40B4B
Mailing Address 1131 N Edgefield Ave		Amount of Each Receipt this Period 114.00
City Dallas	State TX	Zip Code 75208-3624
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$38.00/Bi-Weekly
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, OUTPATIENT SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 988.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 74
	<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. ROBERTA STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 27291 Calle De La Rosa

City San Juan Capo	State CA	Zip Code 92675-1873
-----------------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR, BUSINESS DEV
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AB2EF09503C5442738E4

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 401 N Church St

City McKinney	State TX	Zip Code 75069-3854
------------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, IT TECHNOLOGY
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1170.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A81A5B5563A6E409CADF

Amount of Each Receipt this Period

135.00

Payroll Deduction: \$45.00/Bi-Weekly

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

Mailing Address 5001 Ashland Belle Ln

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, CLINICAL SYSTEMS
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A7FA54B4DD9D2440A85E

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	285.00
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 47 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOSEPH A DESANTIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 W Lancaster Ave
 Unit 413
 City Ft Worth State TX Zip Code 76102-6669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, EXECUTIVE OFFICE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A8E701019A3F944ADA0A
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction: \$10.00/Bi-Weekly

B. 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 **494.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A47137F1503114E7F985
 Amount of Each Receipt this Period **57.00**
 Payroll Deduction: \$19.00/Bi-Weekly

C. SANDRA HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2008 Haversham Dr
 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, DOC & TRAINING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A01E86B24CF87444978
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **117.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 74
	<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. JEFFREY PATTERSON
Full Name (Last, First, Middle Initial)

Mailing Address 3806 Harlan Dr

City Sachse State TX Zip Code 75048-1912

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, BUSINESS DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : AEED402C8389F430EBED

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

B. ANDREAS M GRAF
Full Name (Last, First, Middle Initial)

Mailing Address 3975 Stockton Ln

City Dallas State TX Zip Code 75287-4921

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, TRAVEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : A86698007AFE948C7B50

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

C. BRITT REYNOLDS
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Wentwood Dr

City Dallas State TX Zip Code 75225-4845

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation PRESIDENT OF HOSPITAL OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : AA5DC0DCD76A346CEA64

Amount of Each Receipt this Period
288.45

Payroll Deduction: \$96.15/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	402.45
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 49 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JANIS THAYER
Full Name (Last, First, Middle Initial)

Mailing Address 1735 Crimson Ter

City	State	Zip Code
Brentwood	CA	94513-2618

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

Name of Employer	Occupation
TENET HEALTHCARE CORPORATION	SR DIR, LABOR RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AC4352F80F59E44769A2

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 11807 Littlestone Ct

City	State	Zip Code
West Palm Beach	FL	33412-1621

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

Name of Employer	Occupation
PALM BEACH GARDENS MEDICAL CENTER	CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A11DDC4FA62FE4B32ACE

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 5125 Ocean Bluff Ct

City	State	Zip Code
Seaside	CA	93955-6526

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

Name of Employer	Occupation
TWIN CITIES COMMUNITY HOSPITAL	COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A097906D471DF43E2BBA

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MARK R. MONTONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1234 Potter Lane
 City Gallatin State TN Zip Code 37066-7499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tenet Healthcare Corporation Occupation CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A6E7DE9CA8B17411AA05
 Amount of Each Receipt this Period 117.00
 Payroll Deduction: \$39.00/Bi-Weekly

B. JUAN M. FRESQUEZ JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 22527 MIRAMAR CREST DR
 City Tomball State TX Zip Code 77375-4751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOUSTON NORTHWEST MEDICAL CENTER Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A1924F79724E747D1987
 Amount of Each Receipt this Period 30.00
 Payroll Deduction: \$10.00/Bi-Weekly

C. JEFFREY K. STADNIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1643 Rainbow Knls
 City Chino Hills State CA Zip Code 91709-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET CALIFORNIA, SANTA ANA OFFICE Occupation SPEC-PRODUCTIVITY PMI SR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A649F69C4D73544DEA9E
 Amount of Each Receipt this Period 45.00
 Payroll Deduction: \$15.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	192.00
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 51 OF 74
	<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. KEITH PITTS
Full Name (Last, First, Middle Initial)

Mailing Address 4441 South Versailles Ave

City Dallas State TX Zip Code 75205-3012

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

Name of Employer Tenet Healthcare Corporation Occupation Vice Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3456.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : AFEADDBDF50A74175A9C

Amount of Each Receipt this Period
576.00

Payroll Deduction: \$192.00/Bi-Weekly

B. TIMOTHY PUTHOFF
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Ross Avenue Suite 1400

City Dallas State TX Zip Code 75202-2703

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

Name of Employer HOUSTON NORTHWEST MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : A366ED2231A594BCCA85

Amount of Each Receipt this Period
117.00

Payroll Deduction: \$39.00/Bi-Weekly

C. IRIS A. TAYLOR
Full Name (Last, First, Middle Initial)

Mailing Address 549 Fiske Drive

City Detroit State MI Zip Code 48214-2988

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

Name of Employer Detroit Receiving Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **468.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014

Transaction ID : A66EF481665664B2A9F1

Amount of Each Receipt this Period
117.00

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 74
	<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. JACK HARARI

Mailing Address 501 Lido Dr

City Fort Lauderdale State FL Zip Code 33301-2537

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

Name of Employer WEST BOCA MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014
Transaction ID : AB75239F790254C8EB6B

Amount of Each Receipt this Period
300.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 2188 Aspen St

City Tustin State CA Zip Code 92782-8339

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

Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014
Transaction ID : A1BBCA2E30DF74F759E3

Amount of Each Receipt this Period
300.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 7935 East Dr Apt 901

City North Bay Village State FL Zip Code 33141-3693

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 ▼ **988.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2014
Transaction ID : AD3C6C0089BBD4BC7829

Amount of Each Receipt this Period
114.00

Payroll 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:	PAGE 53 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2713 Stuyvesant Cir

City	State	Zip Code
Modesto	CA	95356-0337

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

Name of Employer	Occupation
DOCTORS MEDICAL CENTER-MODESTO	COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AD50946C4D5474425971

Amount of Each Receipt this Period

57.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 21521 Turtledove St

City	State	Zip Code
Trabuco Canyon	CA	92679-3486

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

Name of Employer	Occupation
LOS ALAMITOS MEDICAL CENTER	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **988.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A09C3D9B4A6534ACDAE5

Amount of Each Receipt this Period

114.00

Payroll Deduction: \$38.00/Bi-Weekly

C. MARK H BRYAN
Full Name (Last, First, Middle Initial)

Mailing Address 7480 Kings Mountain Rd

City	State	Zip Code
Vestavia	AL	35242-2581

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

Name of Employer	Occupation
DELRAY MEDICAL CENTER	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AA6E0B19647DC4DC98EA

Amount of Each Receipt this Period

57.00

Payroll Deduction: \$19.00/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 54 OF 74
	<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

Full Name (Last, First, Middle Initial) A. SALLY A HURT-STEFFEN			Date of Receipt
Mailing Address 712 Waltham Ct			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : AF4A9929F283F469BB7D
El Paso	TX	79922-2128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="150.00"/>
Name of Employer	Occupation	Payroll Deduction: \$50.00/Bi-Weekly	
SIERRA PROVIDENCE EASTSIDE HOSPITAL	CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MONICA C VARGAS			Date of Receipt
Mailing Address 4017 Flamingo Dr			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A295D4DDFA5204060A48
El Paso	TX	79902-1313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="57.00"/>
Name of Employer	Occupation	Payroll Deduction: \$19.00/Bi-Weekly	
SIERRA PROVIDENCE EASTSIDE HOSPITAL	COO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="494.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. STEVEN SIMMONS			Date of Receipt
Mailing Address 526 Hampshire Rd			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A971E95D09C294EB4A8C
Drexel Hill	PA	19026-1306	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	Payroll Deduction: \$10.00/Bi-Weekly	
HAHNEMANN UNIVERSITY HOSPITAL	CHIEF HR OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="227.00"/>
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 55 OF 74
	<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 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 ▼
431.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AADBEF39D59944510AEF

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 4050 Spalding Dr

City Atlanta	State GA	Zip Code 30350-1100
-----------------	-------------	------------------------

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

Name of Employer SOUTH FULTON MEDICAL CENTER	Occupation CHIEF MEDICAL OFFICER
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AFEEDD746B23A4F0F8A7

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 4118 Carla St

City Nacogdoches	State TX	Zip Code 75965-2239
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A6531C5573E504A5F928

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	117.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 74
	<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 COLLIN O LEMAISTRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 288 Boulder Ln
 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 ▼ 323.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A4B96361919E14E6E9A9
 Amount of Each Receipt this Period 57.00
 Payroll Deduction: \$19.00/Bi-Weekly

B. KENT G CLAYTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Turtle Bay Dr
 City Newport Beach State CA Zip Code 92660-4266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLACENTIA LINDA HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A3CDF5E76EC3749EC995
 Amount of Each Receipt this Period 114.00
 Payroll Deduction: \$38.00/Bi-Weekly

C. GARY L HONTS JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7707 N 127th Ave
 City Omaha State NE Zip Code 68142-1723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JFK Memorial Hospital Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 12 / 27 / 2014
Transaction ID : AA7C09EB051C34AC29FF
 Amount of Each Receipt this Period 288.00
 Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 459.00
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 74
<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. RICHARD E GLANCEY		Date of Receipt
Mailing Address 6516 Vasco Way		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79912-1709
FEC ID number of contributing federal political committee.		Transaction ID : ADAADC41BA1A24185931
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="117.00"/>
Name of Employer	Occupation	Payroll Deduction: \$39.00/Bi-Weekly
SIERRA MEDICAL CENTER	DIR, EXTERNAL AFFAIRS	
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. RUBEN O RODRIGUEZ		Date of Receipt
Mailing Address 6905 Villa Hermosa Dr		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79912-2341
FEC ID number of contributing federal political committee.		Transaction ID : A714D12DE4F6E467997C
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="117.00"/>
Name of Employer	Occupation	Payroll Deduction: \$39.00/Bi-Weekly
SIERRA PROVIDENCE EASTSIDE HOSPITAL	DIR, PLANT OPERATIONS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="574.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GLORIA M LOERA		Date of Receipt
Mailing Address 3061 Snowy Point Dr		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79938-5401
FEC ID number of contributing federal political committee.		Transaction ID : A47B98430D09B4552BC7
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction: \$10.00/Bi-Weekly
SIERRA PROVIDENCE EASTSIDE HOSPITAL	DIR, NURSING	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="264.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PATRICK J. MALONEY
Full Name (Last, First, Middle Initial)

Mailing Address 581 S ARLINGTON AVE

City Elmhurst	State IL	Zip Code 60126-4040
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FEC ID number of contributing federal political committee. **C**

Name of Employer West Suburban Hospital	Occupation CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : AB357D2414A88426CA73

Amount of Each Receipt this Period

117.00

Payroll Deduction: \$39.00/Bi-Weekly

B. RONALD GALONSKY
Full Name (Last, First, Middle Initial)

Mailing Address 2 Alato Drive

City Mission Viejo	State CA	Zip Code 92692-5104
-----------------------	-------------	------------------------

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

Name of Employer Lakewood Medical Center	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **741.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A3D41247D36784AD39F0

Amount of Each Receipt this Period

117.00

Payroll Deduction: \$39.00/Bi-Weekly

C. PHILLIP SOWA
Full Name (Last, First, Middle Initial)

Mailing Address 4909 Laclede Ave
Apt 805

City Saint Louis	State MO	Zip Code 63108-1446
---------------------	-------------	------------------------

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 ▼ **624.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A413827CA3CDB4639955

Amount of Each Receipt this Period

117.00

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	351.00
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 59 OF 74
	<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. 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, IMAGING SVCS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : A2FA7DE613F804AAC838
Amount of Each Receipt this Period **30.00**
Payroll Deduction: \$10.00/Bi-Weekly

B. LINDA K MERCIER
Full Name (Last, First, Middle Initial)
Mailing Address 14 Columbia Crest Pl
City Spring State TX Zip Code 77382-1334
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 **858.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : AF9F834A456D1427CB2A
Amount of Each Receipt this Period **117.00**
Payroll Deduction: \$39.00/Bi-Weekly

C. GARY J SLOAN
Full Name (Last, First, Middle Initial)
Mailing Address 615 Stevens Ct
City Danville State CA Zip Code 94506-4805
FEC ID number of contributing federal political committee. **C**
Name of Employer San Ramon Regional Medical Center Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **494.00**

Date of Receipt **12 / 27 / 2014**
Transaction ID : AAC2B1E35660B40A1B30
Amount of Each Receipt this Period **57.00**
Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **204.00**
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 60 OF 74
	<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. CONRAD MALLET
 Full Name (Last, First, Middle Initial)
 Mailing Address 19386 Cumberland Way
 City Detroit State MI Zip Code 48203-1456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Detroit Medical Center Occupation Chief Administrative Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2471.00**

Date of Receipt **12 / 05 / 2014**
Transaction ID : A6ADCD88223F94E44BAE
 Amount of Each Receipt this Period **500.00**
 Check Contribution

B. JORGE DIAZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 SW 122nd Ave Apt 221
 City Miami State FL Zip Code 33184-2864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORAL GABLES HOSPITAL Occupation DIR, CARDIOPULMONARY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 20 / 2014**
Transaction ID : A493075D3A4C34B43A4D
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction: \$10.00/Bi-Weekly

C. JOSEFA M KOLODZIECZYK
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 Westwood Rd
 City West Palm Beach State FL Zip Code 33401-7934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CONTROLLER 2
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 20 / 2014**
Transaction ID : AADED7257B02D477EADA
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	540.00
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 61 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. ALFRED SCHULS
Full Name (Last, First, Middle Initial)

Mailing Address 5017 Prosperity Ridge Rd

City Charlotte	State NC	Zip Code 28269-1538
-------------------	-------------	------------------------

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

Name of Employer PIEDMONT MEDICAL CENTER	Occupation DIR, CARDIOVASCULAR SVCS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

Transaction ID : A0C4AE8E0474846CEBD9

Amount of Each Receipt this Period
20.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 68220 Concepcion Rd

City Cathedral City	State CA	Zip Code 92234-3657
------------------------	-------------	------------------------

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 ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

Transaction ID : A2CD1D63F632E45A6B5B

Amount of Each Receipt this Period
20.00

Payroll Deduction: \$10.00/Bi-Weekly

C. SHEENA D. JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 4573 Pennhurst St

City Philadelphia	State PA	Zip Code 19124-3825
----------------------	-------------	------------------------

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

Name of Employer HAHNEMANN UNIVERSITY HOSPITAL	Occupation Radiology Diagnostic Tech
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

Transaction ID : A0AFE09542EEF4280AA5

Amount of Each Receipt this Period
20.00

Payroll 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 62 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMAS I RUNKLE
Full Name (Last, First, Middle Initial)

Mailing Address 868B N 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 ▼
494.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

Transaction ID : A416B9D92D2E54B13AF5

Amount of Each Receipt this Period
38.00

Payroll Deduction: \$19.00/Bi-Weekly

B. RYAN D. LEE
Full Name (Last, First, Middle Initial)

Mailing Address 24 Bridle Path Ln

City Bluffton	State SC	Zip Code 29910-7600
------------------	-------------	------------------------

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

Name of Employer COASTAL CAROLINA MEDICAL CENTER	Occupation Director, Physicians Services
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

Transaction ID : A0C4B3EB973C14EED874

Amount of Each Receipt this Period
20.00

Payroll Deduction: \$10.00/Bi-Weekly

C. CHRISTINA KOUSSIH
Full Name (Last, First, Middle Initial)

Mailing Address 25 Hospital Center Blvd.

City Hilton Head Island	State SC	Zip Code 29926-2738
----------------------------	-------------	------------------------

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

Name of Employer HILTON HEAD HOSPITAL	Occupation Director, Case Management
--	---

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
12	/	20	/	2014

Transaction ID : A8737E7BB3A48424CA7E

Amount of Each Receipt this Period
38.00

Payroll 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 63 OF 74
	<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. JANE E HAMILTON
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Royal Saint Georges Ln

City Duluth	State GA	Zip Code 30097-1647
----------------	-------------	------------------------

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

Name of Employer ATLANTA MEDICAL CENTER	Occupation DIR, SURGICAL SVCS
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

Transaction ID : A3E7EFAD1A2C64F85B37

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 3940 NW 54th Ct

City Coconut Creek	State FL	Zip Code 33073-4123
-----------------------	-------------	------------------------

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

Name of Employer PALMETTO GENERAL HOSPITAL	Occupation DIR, CANCER CENTER 2
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

Transaction ID : A16FDEF19FDC344C0A55

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/Bi-Weekly

C. STEPHEN D PRESTON
Full Name (Last, First, Middle Initial)

Mailing Address 3680 Village Center Ln

City Hoover	State AL	Zip Code 35226-6343
----------------	-------------	------------------------

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

Name of Employer BROOKWOOD MEDICAL CENTER	Occupation VP, EXTERNAL AFFAIRS
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

Transaction ID : AD2965BC489F4473BAE8

Amount of Each Receipt this Period

38.00

Payroll 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 64 OF 74
	<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. CELESTE H CHAMBERLAIN		Date of Receipt 12 / 20 / 2014 Transaction ID : A0E61BD78B6414C9CA35
Mailing Address 8446 Pembroke Rd		Amount of Each Receipt this Period 38.00
City Philadelphia	State PA	Zip Code 19128-1907
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$19.00/Bi-Weekly
Name of Employer ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	Occupation DCQI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

Full Name (Last, First, Middle Initial) B. JEFFREY H. DAWKINS		Date of Receipt 12 / 27 / 2014 Transaction ID : A3B9230820B154A6AAA5
Mailing Address 29116 Bradmoor Court		Amount of Each Receipt this Period 57.00
City Farmington Hills	State MI	Zip Code 48334-3261
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$19.00/Bi-Weekly
Name of Employer Sinai Grace Hospital	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) C. LARRY M. GOLD		Date of Receipt 12 / 27 / 2014 Transaction ID : A30B5C7677DBC40BC9F8
Mailing Address 4348 Karen Lane		Amount of Each Receipt this Period 57.00
City Bloomfield Hills	State MI	Zip Code 48302-1961
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$19.00/Bi-Weekly
Name of Employer Children's Hospital of Michigan	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

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 65 OF 74
	<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. VICTOR S. JORDAN
Full Name (Last, First, Middle Initial)
Mailing Address 314 VAILWOOD CT

City Bloomfield Hills	State MI	Zip Code 48302-1573
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tenet Healthcare Corporation	Occupation CFO- Northeast Region
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A1E0069F222294BC3894

Amount of Each Receipt this Period

117.00

Payroll Deduction: \$39.00/Bi-Weekly

B. JAY B. RISING
Full Name (Last, First, Middle Initial)
Mailing Address 1896 Livear Trail

City Williamston	State MI	Zip Code 48895
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FEC ID number of contributing federal political committee. **C**

Name of Employer Detroit Medical Center	Occupation Executive VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2014

Transaction ID : AD67BEFBD1282480AA26

Amount of Each Receipt this Period

84.00

Payroll Deduction: \$42.00/Bi-Weekly

C. WILLIAM MASTERTON
Full Name (Last, First, Middle Initial)
Mailing Address 14 W Kershaw Dr

City Bluffton	State SC	Zip Code 29910-4835
------------------	-------------	------------------------

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

Name of Employer PIEDMONT MEDICAL CENTER	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : ABC3C6A4942C040C2AB3

Amount of Each Receipt this Period

500.00

Check Contribution

SUBTOTAL of Receipts This Page (optional).....▶	701.00
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 66 OF 74
	<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. TREVOR FETTER
Full Name (Last, First, Middle Initial)

Mailing Address 3821 Beverly Dr

City Dallas State TX Zip Code 75205-2807

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO AND PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 27 / 2014
Transaction ID : A195C5630178047DD82C

Amount of Each Receipt this Period 333.00

Payroll Deduction: \$333.00/Bi-Weekly

B. CONRAD MALLETT
Full Name (Last, First, Middle Initial)

Mailing Address 19386 Cumberland Way

City Detroit State MI Zip Code 48203-1456

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

Name of Employer Detroit Medical Center Occupation Chief Administrative Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2592.46

Date of Receipt 12 / 27 / 2014
Transaction ID : A04F22161FC3A4D27AF0

Amount of Each Receipt this Period 38.46

Payroll Deduction: \$38.46/Bi-Weekly

C. ALTA A. GORDON
Full Name (Last, First, Middle Initial)

Mailing Address 30014 GARDENIA LN

City Southfield State MI Zip Code 48076-2091

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

Name of Employer Detroit Medical Center Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.46

Date of Receipt 12 / 27 / 2014
Transaction ID : AB65FE07D7CB54FCA8F9

Amount of Each Receipt this Period 38.46

Payroll Deduction: \$38.46/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 409.92

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 67 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. REGINALD J. EADIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6940 KENNESAW
 City Canton State MI Zip Code 48187-1283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Detroit Medical Center Occupation: CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **271.23**

Date of Receipt: 12 / 27 / 2014
Transaction ID : AB47223FDE3574AED963
 Amount of Each Receipt this Period: 19.23
 Payroll Deduction: \$19.23/Bi-Weekly

B. PATRICIA J. HOSKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3336 South Channel Drive
 City Harsens Island State MI Zip Code 48028-9548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Detroit Medical Center Occupation: VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **259.62**

Date of Receipt: 12 / 27 / 2014
Transaction ID : ACDC784904A714623B79
 Amount of Each Receipt this Period: 9.62
 Payroll Deduction: \$9.62/Bi-Weekly

C. LUANNE M. EWALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 232 MIDLAND BLVD
 City Royal Oak State MI Zip Code 48073-2670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Detroit Medical Center Occupation: Director of Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **453.46**

Date of Receipt: 12 / 27 / 2014
Transaction ID : AA7E266EA919B444FB88
 Amount of Each Receipt this Period: 38.46
 Payroll Deduction: \$38.46/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **67.31**
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 68 OF 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 1896 Livear Trail

City Williamston	State MI	Zip Code 48895
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FEC ID number of contributing federal political committee. **C**

Name of Employer Detroit Medical Center	Occupation Executive VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2014

Transaction ID : A9384D2C5035F479DA8C

Amount of Each Receipt this Period
19.23

Payroll Deduction: \$19.23/Bi-Weekly

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	19.23
TOTAL This Period (last page this line number only).....▶	16443.91

**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. Bill Cassidy for Senate

Mailing Address P.O. Box 80505

City State Zip Code
Baton Rouge LA 70898-0505

Purpose of Disbursement
General 2014

Candidate Name

Rep. Bill Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2014

Transaction ID : BF14910341D864993B74

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN MCCAIN INC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City State Zip Code
Alexandria VA 22314-5404

Purpose of Disbursement
Primary 2016

Candidate Name

John S McCain

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2014

Transaction ID : BA610D8BC12B84278A22

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City State Zip Code
Sacramento CA 95841-3111

Purpose of Disbursement
2014 General

Candidate Name

Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2014

Transaction ID : B1BB5841FF82D4830AF8

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE
SUITE 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement
2016 Primary

Candidate Name

Linda Sanchez

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2014

Transaction ID : **BA8B8D805357C4221A47**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026-0878

Purpose of Disbursement
2014 General

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2014

Transaction ID : **B1F27FFA8FDE4471CAAF**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston Salem State NC Zip Code 27113-5928

Purpose of Disbursement
Primary 2016

Candidate Name

Sen. Richard Burr

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2014

Transaction ID : **B2AEFC9C55CBC4D489E8**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

**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. Lloyd Doggett for US Congress Committee

Mailing Address P.O. Box 5843

City Austin State TX Zip Code 78763-5843

Purpose of Disbursement
General 2014

Candidate Name

Rep. Lloyd Doggett

Office Sought: House
 Senate
 President
State: TX District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014

Transaction ID : B0D22E14071514DCB809

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PERDUE FOR SENATE

Mailing Address 3110 MAPLE DRIVE NE
SUITE 400

City Atlanta State GA Zip Code 30305-2650

Purpose of Disbursement
2014 General

Candidate Name

David Perdue

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2014

Transaction ID : B461B1B2A1E914522B7D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PAT ROBERTS FOR US SENATE INC

Mailing Address PO BOX 433

City Great Bend State KS Zip Code 67530-0433

Purpose of Disbursement
2014 General

Candidate Name

Pat Roberts

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2014

Transaction ID : B4551C889DADD47DA9B7

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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. Committee to Elect Thom Tillis, The

Mailing Address P.O. Box 32186

City Charlotte State NC Zip Code 28232-2186

Purpose of Disbursement
2014 General

Candidate Name
Thom Tillis

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2014

Transaction ID : B3FAA50D409C9472E8C0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MCNERNEY FOR CONGRESS

Mailing Address P.O. BOX 690371

City Stockton State CA Zip Code 95269-0371

Purpose of Disbursement
Primary 2016

Candidate Name
Jerry Mcnerney

Office Sought: House
 Senate
 President
State: CA District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2014

Transaction ID : B98B25151EF184A70B7D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108-2533

Purpose of Disbursement
General 2014

Candidate Name
Rep. Richard E. Neal

Office Sought: House
 Senate
 President
State: MA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2014

Transaction ID : B74F4504B76CF4871A0A

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

Use separate schedule(s)
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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. LOIS FRANKEL FOR CONGRESS

Mailing Address PO BOX 812421

City Boca Raton State FL Zip Code 33481-2421

Purpose of Disbursement
2014 General

Candidate Name
Lois J Frankel

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: FL District: 22

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2014

Transaction ID : **B2641AD6444DC43AD9C9**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Ted Deutch For Congress Committee

Mailing Address 7777 Glades Road, Suite 100

City Boca Raton State FL Zip Code 33434-4150

Purpose of Disbursement
2016 Primary

Candidate Name
Rep. Ted E. Deutch

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 19

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2014

Transaction ID : **B6902994D0F9540E1A58**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPPs

Mailing Address P.O. BOX 23940

City Santa Barbara State CA Zip Code 93121-3940

Purpose of Disbursement
2014 General

Candidate Name
Lois G Capps

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 24

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2014

Transaction ID : **B55BC79D030E04B63AF6**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Michigan Democratic Party Federal Account

Mailing Address 606 Townsend

City Lansing State MI Zip Code 48933-2313

Purpose of Disbursement
Other 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2014			

Transaction ID : B5CBA63BE07F84469912

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

5000.00

22000.00
