



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		78498.04
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	107543.52									
(c) Total Receipts (from Line 19) .....	14992.00	53805.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	122535.52	132303.54								
7. Total Disbursements (from Line 31) .....	28000.00	37768.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	94535.52	94535.52								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	11433.00	30988.00
(ii) Unitemized .....	3559.00	22817.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14992.00	53805.50
(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) .....	14992.00	53805.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14992.00	53805.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14992.00	53805.50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	33500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	4268.02
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28000.00	37768.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28000.00	37768.02

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) .....	14992.00	53805.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14992.00	53805.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT D COKER	Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 1
	Mailing Address 7505 DANA LANE	<b>Transaction ID:</b> 33295337
	City State Zip Code N.RICHLAND HILL TX 76180-4551	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM MASTERTON	Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 1
	Mailing Address 73 HAMPTON LAKE DRIVE	<b>Transaction ID:</b> 33295338
	City State Zip Code BLUFFTON SC 29910-9567	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer COASTAL CAROLINA MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GARY L STOKES	Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 1
	Mailing Address 47 WATERFORD CT	<b>Transaction ID:</b> 33295339
	City State Zip Code NACOGDOCHES TX 75965-8720	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NACOGDOCHES MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 32  
(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.** Full Name (Last, First, Middle Initial)  
**NORMA A ZERINGUE**

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 **TENET HEALTHCARE CORPORATION** Occupation **VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 07 / 2011**  
**Transaction ID: 33295340**  
 Amount of Each Receipt this Period **500.00**

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

Mailing Address **18 CENTER CT**

City **HEATH** State **TX** Zip Code **75032-5999**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 08 / 2011**  
**Transaction ID: 33295342**  
 Amount of Each Receipt this Period **500.00**

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

Mailing Address **516 GALLEON WAY**

City **SEAL BEACH** State **CA** Zip Code **90740-5939**

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

Name of Employer **FOUNTAIN VALLEY REGIONAL HOSPITAL** Occupation **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 21 / 2011**  
**Transaction ID: 33295343**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN D BOLICK	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 366 44TH AVE DR NW	<b>Transaction ID:</b> 33295345
	City State Zip Code HICKORY NC 28601-6905	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer FRYE REGIONAL MEDICAL CENTER	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CLINT HAILEY	Date of Receipt MM / DD / YYYY 04 / 13 / 2011
	Mailing Address 3724 COUNTRY CLUB CIRCLE	<b>Transaction ID:</b> 33295346
	City State Zip Code FORT WORTH TX 76109-1034	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN QUINN	Date of Receipt MM / DD / YYYY 04 / 13 / 2011
	Mailing Address 1138 PINE VALLEY ROAD	<b>Transaction ID:</b> 33295347
	City State Zip Code GRIFFIN GA 30224-4953	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SPALDING REGIONAL HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1266.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 32  
(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.** Full Name (Last, First, Middle Initial)  
**FRANK M LACHINA**

Mailing Address **3028 WINDSTONE WAY**

City **GERMANTOWN** State **TN** Zip Code **38138-7382**

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

Name of Employer **SAINT FRANCIS HOSPITAL** Occupation **CMO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 13 / 2011**  
**Transaction ID: 33295348**  
 Amount of Each Receipt this Period **250.00**

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

Mailing Address **5225 MAPLE AVENUE #4314**

City **DALLAS** State **TX** Zip Code **75235-8449**

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

Name of Employer **TENET HEALTHCARE CORPORAT-ION** Occupation **DIR COMPLIANCE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **864.00**

Date of Receipt **04 / 30 / 2011**  
**Transaction ID: PR1026156825877**  
 Amount of Each Receipt this Period **192.00**  
 P/R Deduction (\$96.00 Bi-Weekly)

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

Mailing Address **1001 SARANAC PARK**

City **PEACHTREE CITY** State **GA** Zip Code **30269-1274**

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

Name of Employer **SOUTH FULTON MEDICAL CENT-ER** Occupation **COO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 30 / 2011**  
**Transaction ID: PR1159116225877**  
 Amount of Each Receipt this Period **50.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **492.00**

**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 10 / 32  
(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.** Full Name (Last, First, Middle Initial)  
JEFFREY KOURY  
Mailing Address 42 BARNEBURG  
City DOVE CANYON State CA Zip Code 92679-4210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP AND REGIONAL CFO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 342.00  
Date of Receipt 04 / 30 / 2011  
Transaction ID: PR1481203525877  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL K BURTNETT  
Mailing Address 1131 N. EDGEFIELD AVE  
City DALLAS State TX Zip Code 75208-3624  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 342.00  
Date of Receipt 04 / 30 / 2011  
Transaction ID: PR1568624525877  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
THOMAS RICE  
Mailing Address 15126 FERDINAND DR  
City DALLAS State TX Zip Code 75248-6437  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 343.00  
Date of Receipt 04 / 30 / 2011  
Transaction ID: PR1592856025877  
Amount of Each Receipt this Period 77.00  
P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 229.00  
**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 11 / 32  
(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.** Full Name (Last, First, Middle Initial)  
ROBERT SMITH

Mailing Address 5325 TATE AVE

City PLANO State TX Zip Code 75093-3433

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 04 / 30 / 2011  
**Transaction ID:** PR1592857725877  
 Amount of Each Receipt this Period: 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 404 N.CHURCH ST

City MCKINNEY State TX Zip Code 75069-3855

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 04 / 30 / 2011  
**Transaction ID:** PR1592858225877  
 Amount of Each Receipt this Period: 90.00  
 P/R Deduction (\$45.00 Bi-Weekly)

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

Mailing Address 15871 SW 148 TERRACE

City MIAMI State FL Zip Code 33196-5701

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

Name of Employer CORAL GABLES HOSPITAL Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 04 / 30 / 2011  
**Transaction ID:** PR1734839225877  
 Amount of Each Receipt this Period: 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**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 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) LEAD FOURKILLER		Date of Receipt
	Mailing Address 13219 GEORGE STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2011
	City	State	Zip Code
	FARMERS BRANCH	TX	75234-5206
	FEC ID number of contributing federal political committee.		Transaction ID: PR1735529125877
		Amount of Each Receipt this Period	<input type="text"/> 78.00
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation SR DIR	P/R 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"/> 351.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DANIEL WALDMANN		Date of Receipt
	Mailing Address 1111 MONTCLAIR AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2011
	City	State	Zip Code
	DALLAS	TX	75208-7114
	FEC ID number of contributing federal political committee.		Transaction ID: PR1814798525877
		Amount of Each Receipt this Period	<input type="text"/> 192.00
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP, GOVERNMENT RELATIONS	P/R Deduction (\$96.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 864.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT J CUNNAH		Date of Receipt
	Mailing Address 163 VILLAGIO WEST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2011
	City	State	Zip Code
	PALM SPRINGS	CA	92262-6395
	FEC ID number of contributing federal political committee.		Transaction ID: PR2174361625877
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer DESERT REGIONAL MEDICAL CENTER		Occupation CMO	P/R Deduction (\$50.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 370.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32  
(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.**

Full Name (Last, First, Middle Initial)  
WADE TYRRELL

Mailing Address 7844 ANNA CALLA WAY

City State Zip Code  
BARTLETT TN 38133-5812

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

Name of Employer Occupation  
SAINT FRANCIS HOSPITAL-BARTLETT CNO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2011  
Transaction ID: PR2174470725877

Amount of Each Receipt this Period  
78.00

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

**B.**

Full Name (Last, First, Middle Initial)  
DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City State Zip Code  
MODESTO CA 95355-8446

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

Name of Employer Occupation  
DOCTORS MEDICAL CENTER-MODESTO CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2011  
Transaction ID: PR2174541525877

Amount of Each Receipt this Period  
76.00

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

**C.**

Full Name (Last, First, Middle Initial)  
CATHRYN H FRASER

Mailing Address 272 ENCLAVES COURT

City State Zip Code  
COPPELL TX 75019-2125

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION SVP, HUMAN RESOURCES

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 864.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2011  
Transaction ID: PR2174559925877

Amount of Each Receipt this Period  
192.00

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

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

346.00

**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 14 / 32  
(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.**

Full Name (Last, First, Middle Initial)  
ALVIN W JOSEPHS

Mailing Address 3717 HERWOL AVE

City State Zip Code  
WACO TX 76710-7218

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT- SR DIR  
ION

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 351.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

**Transaction ID:** PR2174561225877

Amount of Each Receipt this Period  
78.00

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

**B.**

Full Name (Last, First, Middle Initial)  
BIGGS C PORTER

Mailing Address 4535 MANNING LANE

City State Zip Code  
DALLAS TX 75220-6434

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT- CHIEF FINANCIAL OFFICER  
ION

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

**Transaction ID:** PR2174563625877

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JEFFERY FLOCKEN

Mailing Address 27 NEW DAWN

City State Zip Code  
IRVINE CA 92620-1976

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT- SVP, REGIONAL OPERATIONS  
ION

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

**Transaction ID:** PR2174567325877

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **478.00**

**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 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) SALLY A HURT-STEFFEN		Date of Receipt
	Mailing Address 712 WALTHAM CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	City	State	Zip Code
	EL PASO	TX	79922-2128
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR2248480225877
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 450.00	<input type="text"/> 100.00
			P/R Deduction (\$50.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD E GLANCEY		Date of Receipt
	Mailing Address 6516 VASCO WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	City	State	Zip Code
	EL PASO	TX	79912-1709
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR2284144025877
Name of Employer SIERRA MEDICAL CENTER		Occupation DIR PUBLIC RELATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 351.00	<input type="text"/> 78.00
			P/R Deduction (\$39.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) DIANE KEENER		Date of Receipt
	Mailing Address 8140 SANTA ROSA ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	City	State	Zip Code
	ATASCADERO	CA	93422-4942
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR2284585525877
Name of Employer TWIN CITIES COMMUNITY HOSPITAL		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 351.00	<input type="text"/> 78.00
			P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 256.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL BLACKBURN	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 4141 16TH STREET NE	<b>Transaction ID:</b> PR2369304325877
	City State Zip Code HICKORY NC 28601-8408	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer FRYE REGIONAL MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN SHORT	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 3108 CLYMER DRIVE	<b>Transaction ID:</b> PR2387796625877
	City State Zip Code PLANO TX 75025-5325	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP - PMI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JACOB J. SPRUIT	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 5608 MAXON MARSH DRIVE	<b>Transaction ID:</b> PR2398965025877
	City State Zip Code HIRAM GA 30141-2879	Amount of Each Receipt this Period 46.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$23.00 Bi-Weekly)
Name of Employer SOUTH FULTON MEDICAL CENTER	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 32  
(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.** Full Name (Last, First, Middle Initial)  
MR MICHAEL R HOLMES

Mailing Address 4241 VETERANS BLVD #200

City METAIRIE State LA Zip Code 70006

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

Name of Employer DIAGNOSTIC IMAGING SERVICES Occupation CEO DIS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2011

**Transaction ID:** PR2440288725877

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 5721 EDMONDSON ROAD PK #205

City NASHVILLE State TN Zip Code 37211-6563

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF MEDICAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2011

**Transaction ID:** PR2444580825877

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 1504 COUNTRY BEND

City SAINT CHARLES State MO Zip Code 63303-2512

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

Name of Employer DES PERES HOSPITAL Occupation HOSPITAL COMPLIANCE OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2011

**Transaction ID:** PR2492160325877

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 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: PAGE 18 / 32  
(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.** Full Name (Last, First, Middle Initial)  
LUIS ALFONSO

Mailing Address 7 SW 97TH COURT

City MIAMI State FL Zip Code 33174-3527

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

Name of Employer PALMETTO GENERAL HOSPITAL Occupation PHARMACIST-CLINICAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2011

Transaction ID: PR2542051425877

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 7243 BAXTERSHIRE DRIVE

City DALLAS State TX Zip Code 75230-3170

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

Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 04 / 30 / 2011

Transaction ID: PR407201325877

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 16 SARAH NASH CT

City DALLAS State TX Zip Code 75225-2072

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

Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation EVP, CHIEF INFO OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1710.00

Date of Receipt 04 / 30 / 2011

Transaction ID: PR407210625877

Amount of Each Receipt this Period 380.00

P/R Deduction (\$190.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 618.00

**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 19 / 32  
(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.**

Full Name (Last, First, Middle Initial)  
JOHN B MCDONALD

Mailing Address 2230 WARNER ROAD

City State Zip Code  
FORT WORTH TX 76110-1752

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT-ION VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

**Transaction ID:** PR407215825877

Amount of Each Receipt this Period  
76.00

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

**B.**

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

Mailing Address 4006 RAMSGATE CT

City State Zip Code  
COLLEYVILLE TX 76034-4473

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT-ION CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

**Transaction ID:** PR407222125877

Amount of Each Receipt this Period  
76.00

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

**C.**

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

Mailing Address 11122 W RICKS CIRCLE

City State Zip Code  
DALLAS TX 75230-3032

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT-ION REGIONAL CMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

**Transaction ID:** PR407222825877

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **252.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 32  
(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.** Full Name (Last, First, Middle Initial)  
GARY K RUFF

Mailing Address 714 KENT CT

City State Zip Code  
SOUTHLAKE TX 76092-8868

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT- SVP & GENERAL COUNSEL  
ION

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1728.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 30 / 2011

**Transaction ID:** PR40722925877

Amount of Each Receipt this Period 384.00

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

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

Mailing Address 1138 PINE VALLEY ROAD

City State Zip Code  
GRIFFIN GA 30224-4953

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SPALDING REGIONAL HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1342.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 30 / 2011

**Transaction ID:** PR407236025877

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 3610 EDGEWATER STREET

City State Zip Code  
DALLAS TX 75205-4317

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT- SVP, REGIONAL OPERATIONS  
ION

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 864.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 30 / 2011

**Transaction ID:** PR407242925877

Amount of Each Receipt this Period 192.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 652.00

**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 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES D DORIS	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 264 IDLEWILDE LANE	<b>Transaction ID:</b> PR407244825877
	City State Zip Code SANFORD NC 27332-9304	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer CENTRAL CAROLINA HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID L ARCHER	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 2594 HOCKSETT COVE	<b>Transaction ID:</b> PR407250425877
	City State Zip Code GERMANTOWN TN 38139-6655	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer SAINT FRANCIS HOSPITAL	Occupation MARKET CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 864.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHEN L NEWMAN MD	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 11034 TIBBS STREET	<b>Transaction ID:</b> PR407257725877
	City State Zip Code DALLAS TX 75230-3450	Amount of Each Receipt this Period 384.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$192.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation CHIEF OPERATING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>646.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 22 / 32

(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.**

Full Name (Last, First, Middle Initial)  
TERRY WHEELER

Mailing Address 13802 MAGNOLIA MANOR

City State Zip Code  
CYPRESS TX 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 ▼  
315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR407265625877

Amount of Each Receipt this Period

70.00

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

**B.**

Full Name (Last, First, Middle Initial)  
GARY L HONTS JR.

Mailing Address 1855 SILVERWINGS CT

City State Zip Code  
MORGAN HILL CA 95037-9002

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

Name of Employer  
COMMUNITY HOSPITAL OF LOS GATOS

Occupation  
CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR407266425877

Amount of Each Receipt this Period

60.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MICHELE C MEYER

Mailing Address 230 GRIMSLEY STAT BLUFF

City State Zip Code  
SAINT LOUIS MO 63129-5030

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

Name of Employer  
DES PERES HOSPITAL

Occupation  
CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR407268525877

Amount of Each Receipt this Period

76.00

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

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

206.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 32  
(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.**

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

Mailing Address 23510 BERDON STREET

City State Zip Code  
WOODLAND HILLS CA 91367-3004

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

**Transaction ID:** PR407274125877

Amount of Each Receipt this Period  
80.00

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

**B.**

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

Mailing Address 3 TURTLE BAY DRIVE

City State Zip Code  
NEWPORT BEACH CA 92660-4266

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

Name of Employer Occupation  
PLACENTIA LINDA HOSPITAL CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

**Transaction ID:** PR407278125877

Amount of Each Receipt this Period  
76.00

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

**C.**

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

Mailing Address 980 ISABELLA WAY

City State Zip Code  
SAN LUIS OBISPO CA 93405-6186

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

Name of Employer Occupation  
SIERRA VISTA REGIONAL MEDICAL CENTER CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

**Transaction ID:** PR407280325877

Amount of Each Receipt this Period  
78.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **234.00**

**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 24 / 32

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) RODNEY A REASONER		Date of Receipt
	Mailing Address 1960 MARY LEE LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 1 1
	City	State	Zip Code
	ALLEN	TX	75002-8528
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR407280925877
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.00	<input type="text"/> 76.00
			P/R Deduction (\$38.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHELE M FINNEY		Date of Receipt
	Mailing Address 21521 TURTLEDOVE STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 1 1
	City	State	Zip Code
	TRABUCO CANYON	CA	92679-3486
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR407283925877
Name of Employer LOS ALAMITOS MEDICAL CENTER		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.00	<input type="text"/> 76.00
			P/R Deduction (\$38.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) KEN WHEAT		Date of Receipt
	Mailing Address 38041 E. BOGERT TRAIL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 1 1
	City	State	Zip Code
	PALM SPRINGS	CA	92264-9638
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR407288725877
Name of Employer DESERT REGIONAL MEDICAL CENTER		Occupation COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.00	<input type="text"/> 76.00
			P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 228.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 32  
(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.** Full Name (Last, First, Middle Initial)  
KENNETH F SUTHERLAND

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt: 04 / 30 / 2011  
**Transaction ID:** PR839152225877

Amount of Each Receipt this Period: 76.00

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

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

Mailing Address 7365 NW 54TH STREET

City LAUDERHILL State FL Zip Code 33319-6346

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 30 / 2011  
**Transaction ID:** PR839477825877

Amount of Each Receipt this Period: 50.00

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

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

Mailing Address 702 PENFOLDS

City COPPELL State TX Zip Code 75019-4544

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF COMPLIANCE OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1728.00

Date of Receipt: 04 / 30 / 2011  
**Transaction ID:** PR840566925877

Amount of Each Receipt this Period: 384.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **510.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) DREW P KAHN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 16015 KEMPTON PARK		Transaction ID: PR840590425877
	City SPRING	State TX	Zip Code 77379-6730
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.00
	Name of Employer HOUSTON NW MEDICAL CENTER	Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) CRYSTAL L HAYNES		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 3924 FLORA PLACE		Transaction ID: PR840796025877
	City ST. LOUIS	State MO	Zip Code 63110-3733
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 78.00
	Name of Employer SAINT LOUIS UNIVERSITY HO-SPITAL	Occupation CEO	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID W BORDOFSKE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 5001 ASHLAND BELLE LANE		Transaction ID: PR840924625877
	City FRISCO	State TX	Zip Code 75035-7682
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
	Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation VP	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	234.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 27 / 32  
(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.** Full Name (Last, First, Middle Initial)  
JOHN TILLY  
Mailing Address 1221 WENTWOOD  
City IRVING State TX Zip Code 75061-4456  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & ASST GENERAL COUNSEL  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00  
Date of Receipt 04 / 30 / 2011  
Transaction ID: PR842232425877  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$75.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ELIZABETH JOHNSON  
Mailing Address 3302 MARSH LANE  
City GRAPEVINE State TX Zip Code 76051-6828  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 342.00  
Date of Receipt 04 / 30 / 2011  
Transaction ID: PR842373125877  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MANUEL LINARES  
Mailing Address 7710 CENTER BAY DR  
City NORTH BAY VILLAGE State FL Zip Code 33141-4019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NORTH SHORE MEDICAL CENTER Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 342.00  
Date of Receipt 04 / 30 / 2011  
Transaction ID: PR844477225877  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 302.00  
**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 / 32
	(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.**

Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD		Date of Receipt
Mailing Address 5412 GLENSHIRE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 1
City State Zip Code PLANO TX 75093-2800		<b>Transaction ID:</b> PR844644425877
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 100.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR DIR	P/R Deduction (\$50.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 450.00	

**B.**

Full Name (Last, First, Middle Initial) JAMES CLEMENTS		Date of Receipt
Mailing Address 3013 GOLF CREST LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 1
City State Zip Code WOODSTOCK GA 30189-8197		<b>Transaction ID:</b> PR849790225877
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 76.00
Name of Employer SOUTH FULTON MEDICAL CENT- ER	Occupation CEO	P/R Deduction (\$38.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 342.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 176.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 11433.00

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nelson 2012</p> <p>Mailing Address 420 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2012 General</p> <p>Candidate Name Ben Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33140990</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2012 General</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hatch Election Committee</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Orrin Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33140991</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hatch Election Committee</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement 2012 General</p> <p>Candidate Name Orrin Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33140992</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>2012 General</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Roskam For Congress Committee</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Rep. Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33140993</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address PO Box 17192</p> <p>City Ft Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Rep. Geoff Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33140994</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Upton For All Of Us</p> <p>Mailing Address P.O. Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Rep. Frederick Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33140995</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Scott Brown For Us Senate Committee</p> <p>Mailing Address P.O. Box 395</p> <p>City Wrentham State MA Zip Code 02903</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Sen. Scott Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33140996</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Carper For Senate</p> <p>Mailing Address 19 East Commons Blvd Second Floor</p> <p>City New Castle State DE Zip Code 19720</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Sen. Thomas Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33140997</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee</p> <p>Mailing Address P.O. Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Jim Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33246172</p> <p>Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p>

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

6000.00

**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)

PAGE 32 / 32

<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

<b>A.</b> Full Name (Last, First, Middle Initial) American Hospital Association PAC <hr/> Mailing Address 325 7th Street, NW Suite 700 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name American Hospital Association PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33246173 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00  2011 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Nelson 2012 <hr/> Mailing Address 420 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 2012 General Candidate Name Ben Nelson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: <hr/> Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33246174 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00  2012 General

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

8000.00

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

28000.00