

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1445 Ross Avenue

Check if different than previously reported. (ACC) Suite 1400

Dallas TX 75202-2703

2. **FEC IDENTIFICATION NUMBER ▼** C00119354 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input checked="" type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2015

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

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer Mr. Todd Plott *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2015

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>		<input type="text" value="81358.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="85188.31"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12410.82"/>	<input type="text" value="115729.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="97599.13"/>	<input type="text" value="197087.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21826.00"/>	<input type="text" value="121314.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="75773.13"/>	<input type="text" value="75773.13"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	9354.12	71413.72
(ii) Unitemized	3056.70	44315.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12410.82	115729.20
(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)	12410.82	115729.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12410.82	115729.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12410.82	115729.20

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	2505.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	2505.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	90000.00
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	76.00	1660.45
(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)).....	76.00	1660.45
29. Other Disbursements	16250.00	27148.20
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)) ..	21826.00	121314.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21826.00	121314.10

DETAILED SUMMARY PAGE
of Disbursements

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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)	12410.82	115729.20
34. Total Contribution Refunds (from Line 28(d))	76.00	1660.45
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12334.82	114068.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2505.45
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	2505.45

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

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

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. CELESTE H CHAMBERLAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8446 Pembroke Rd
 City Philadelphia State PA Zip Code 19128-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN Occupation DCQI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **08 / 29 / 2015**
Transaction ID : ABA251D147E6D49168EB
 Amount of Each Receipt this Period **57.00**
 Payroll Deduction: \$19.00/Bi-Weekly

B. 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 **342.00**

Date of Receipt **08 / 29 / 2015**
Transaction ID : A3086ED564B1741A5A5D
 Amount of Each Receipt this Period **57.00**
 Payroll Deduction: \$19.00/Bi-Weekly

C. MICHAEL HALTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Righters Mill Rd
 City Penn Valley State PA Zip Code 19072-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **242.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A7F24F62C742E4FB6BF9
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

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

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

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

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

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

Mailing Address 4050 Spalding Dr

City Atlanta State GA Zip Code 30350-1100

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **323.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A330073407B6D418FAB2

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

B. VICTOR S. JORDAN
Full Name (Last, First, Middle Initial)

Mailing Address 314 VAILWOOD CT

City Bloomfield Hills State MI Zip Code 48302-1573

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 ▼ **663.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A67D3E8E0DA06403E99E

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

C. 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 ▼ **3264.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A60AE392FBFAE4C77A59

Amount of Each Receipt this Period **384.00**

Payroll Deduction: \$192.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. 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 ▼ 255.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A1909598063874CCDB06

Amount of Each Receipt this Period 30.00

Payroll Deduction: \$15.00/Bi-Weekly

B. 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 ▼ 1347.00

Date of Receipt 08 / 22 / 2015
Transaction ID : ADC85FD57FFF1413B976

Amount of Each Receipt this Period 192.00

Payroll Deduction: \$96.00/Bi-Weekly

C. THALIA C. MARTIN
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 SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation Market Dir., Quality and Patient Safet

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : AFBC6AC60A3C94D95AF7

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00

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 9 OF 61
	(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"/> 15
	<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

A. SALLY A HURT-STEFFEN
Full Name (Last, First, Middle Initial)
Mailing Address 712 Waltham Ct

City El Paso	State TX	Zip Code 79922-2128
FEC ID number of contributing federal political committee. C		
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Date of Receipt
08 / 22 / 2015
Transaction ID : AD16A3C7E56814B5C9B4

Amount of Each Receipt this Period
100.00

Payroll Deduction: \$50.00/Bi-Weekly

B. RUBEN O RODRIGUEZ
Full Name (Last, First, Middle Initial)
Mailing Address 6905 Villa Hermosa Dr

City El Paso	State TX	Zip Code 79912-2341
FEC ID number of contributing federal political committee. C		
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation DIR, PLANT OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 663.00	

Date of Receipt
08 / 22 / 2015
Transaction ID : A91DB8326B7984558975

Amount of Each Receipt this Period
78.00

Payroll Deduction: \$39.00/Bi-Weekly

C. MONICA C VARGAS
Full Name (Last, First, Middle Initial)
Mailing Address 4017 Flamingo Dr

City El Paso	State TX	Zip Code 79902-1313
FEC ID number of contributing federal political committee. C		
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

Date of Receipt
08 / 22 / 2015
Transaction ID : A81253635FA9D4DD5813

Amount of Each Receipt this Period
38.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	216.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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 H BRYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7480 Kings Mountain Rd
 City Vestavia State AL Zip Code 35242-2581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DELRAY MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : AC50DFE1861224DE3863
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

B. STAN V. HOLM
 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 West Valley Hospital Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A35AF4DC143BC4E1A91E
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

C. 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 ▼ 543.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A9E52086BF404425F9E9
 Amount of Each Receipt this Period 78.00
 Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	154.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. 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 **646.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A98EDEAECB58049E1AC1
Amount of Each Receipt this Period **76.00**
Payroll Deduction: \$38.00/Bi-Weekly

B. 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 **1632.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : AF1F410351CFC44909C7
Amount of Each Receipt this Period **192.00**
Payroll Deduction: \$96.00/Bi-Weekly

C. FRANK L. MOLINARO
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 Arrowhead Hospital Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **663.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A6C1C2A43D49240499EC
Amount of Each Receipt this Period **78.00**
Payroll Deduction: \$39.00/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: (check only one)	PAGE 12 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. DANIEL JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11041 Heathland Dr
 City State Zip Code
 Oakton VA 22124-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SIERRA PROVIDENCE EASTSIDE HOSPITAL COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 323.00

Date of Receipt
 08 / 22 / 2015
Transaction ID : A5938BB3F681643B4AF3
 Amount of Each Receipt this Period
 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

B. RICHARD E GLANCEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6516 Vasco Way
 City State Zip Code
 El Paso TX 79912-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SIERRA MEDICAL CENTER DIR, EXTERNAL AFFAIRS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 663.00

Date of Receipt
 08 / 22 / 2015
Transaction ID : AA38318C1E272436E982
 Amount of Each Receipt this Period
 78.00
 Payroll Deduction: \$39.00/Bi-Weekly

C. KEN E JORDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Sutton Pl E
 City State Zip Code
 Palm Desert CA 92211-9046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DESERT REGIONAL MEDICAL CENTER CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 323.00

Date of Receipt
 08 / 22 / 2015
Transaction ID : A070B47DD830F4F08A81
 Amount of Each Receipt this Period
 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	154.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. 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 ▼ **323.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : ABC9AF93EC0564A85B03

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/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 ▼ **585.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A5420E6A7BAD34614BD2

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/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 ▼ **323.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : AA2A5B30B85744932A86

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	154.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. 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 ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A552EFEBB6765417EB8E
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

B. PAMELA DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5909 LUTHER AVE #2304
 City Dallas State TX Zip Code 75225-5914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONIFER Occupation Senior Director, Government Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1632.00

Date of Receipt 08 / 22 / 2015
Transaction ID : AACA037CA79EC439EBE2
 Amount of Each Receipt this Period 192.00
 Payroll Deduction: \$96.00/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 ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A484A1503639A4EFBB90
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 268.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. 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 **663.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A45F83CCA8A354944858
 Amount of Each Receipt this Period **78.00**
 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 **624.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : A097BD3D7EAA1478D9FC
 Amount of Each Receipt this Period **39.00**
 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 **663.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A111BC51DE3084378AFD
 Amount of Each Receipt this Period **78.00**
 Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. PATRICK J. MALONEY
Full Name (Last, First, Middle Initial)

Mailing Address 581 S ARLINGTON AVE

City Elmhurst State IL Zip Code 60126-4040

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 ▼ **663.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : AC973DEF743234C5CA04

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

B. 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 ▼ **465.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : AF126086887CD4D32B25

Amount of Each Receipt this Period **70.00**

Payroll Deduction: \$35.00/Bi-Weekly

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

Mailing Address 2386 Liledoun Rd

City Taylorsville State NC Zip Code 28681-8892

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1632.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : AD26173BF8F2B445FA8B

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. DAVID M. KATZ
Full Name (Last, First, Middle Initial)
Mailing Address 363 St. Clair
City Grosse Pointe State MI Zip Code 48230-1501
FEC ID number of contributing federal political committee. **C**
Name of Employer Detroit Medical Center Occupation Senior VP, Community Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.76**

Date of Receipt **08 / 22 / 2015**
Transaction ID : AAFF46B6FF62C4F9A9B9
Amount of Each Receipt this Period **38.46**
Payroll Deduction: \$19.23/Bi-Weekly

B. 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 **653.99**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A088B331989DA4F2CB03
Amount of Each Receipt this Period **76.94**
Payroll Deduction: \$38.47/Bi-Weekly

C. JOSEPH J. MULLANY
Full Name (Last, First, Middle Initial)
Mailing Address 2169 Tottenham Road
City Bloomfield Hills State MI Zip Code 48301-2332
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 **1632.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : AC95383DC3F854031931
Amount of Each Receipt this Period **192.00**
Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **307.40**
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 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **327.08**

Date of Receipt: 08 / 22 / 2015
Transaction ID : AB698CF475D944AD4948

Amount of Each Receipt this Period: **38.48**

Payroll Deduction: \$19.24/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 ▼ **663.00**

Date of Receipt: 08 / 22 / 2015
Transaction ID : A97A25E02286A44CCADC

Amount of Each Receipt this Period: **78.00**

Payroll Deduction: \$39.00/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 ▼ **653.99**

Date of Receipt: 08 / 22 / 2015
Transaction ID : A8EAA0B0589EE4A1C9C6

Amount of Each Receipt this Period: **76.94**

Payroll Deduction: \$38.47/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **193.42**

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 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KATHLEEN TREGEAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1445 Ross Ave #1400
 City Dallas State TX Zip Code 75202-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mission Trail Baptist Health System Occupation CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **273.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A6C68E52055D34A919AE
 Amount of Each Receipt this Period **78.00**
 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 **653.99**

Date of Receipt **08 / 22 / 2015**
Transaction ID : AFFD459021FB2461896E
 Amount of Each Receipt this Period **76.94**
 Payroll Deduction: \$38.47/Bi-Weekly

C. LORI HOLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7213 ELLIS ROAD
 City Fort Worth State TX Zip Code 76112-4301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation Manager, Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A8A4701EDEA284564AEE
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	192.94
TOTAL This Period (last page this line number only).....	

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

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

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

A. 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 ▼
1632.00

Date of Receipt
08 / 22 / 2015
Transaction ID : ADD5FA292954347CAB04

Amount of Each Receipt this Period
192.00

Payroll Deduction: \$96.00/Bi-Weekly

B. 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 ▼
323.00

Date of Receipt
08 / 22 / 2015
Transaction ID : A930979C5622D4E52901

Amount of Each Receipt this Period
38.00

Payroll Deduction: \$19.00/Bi-Weekly

C. JASON D. PINKALL
Full Name (Last, First, Middle Initial)

Mailing Address 6526 Anita St.,

City Dallas	State TX	Zip Code 75214-2706
----------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation SENIOR COUNSEL
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt
08 / 22 / 2015
Transaction ID : AA858B70B95D749C5976

Amount of Each Receipt this Period
78.00

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	308.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARK F. ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 13047 W. Estero Lane

City Litchfield Park State AZ Zip Code 85340-5576

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation PMI Senior Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : AA44A2F6C86E34561B5D

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/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 ▼ **323.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : AE48C33921ABC40CDB72

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 272 Enclaves Ct

City Coppell State TX Zip Code 75019-2125

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, HUMAN RESOURCES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1632.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A217F8A89E87B4E24AAA

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	308.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

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 ▼ **425.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A156003E9BFC848F3ABE

Amount of Each Receipt this Period **50.00**

Payroll Deduction: \$25.00/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 ▼ **340.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A99A1E960B8E0402A90E

Amount of Each Receipt this Period **40.00**

Payroll Deduction: \$20.00/Bi-Weekly

C. 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 ▼ **765.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : ADA389DC8CA4C4753A37

Amount of Each Receipt this Period **90.00**

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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, OUTPATIENT SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A3DF24E2170DD4D7F884

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 3717 Herwol Ave

City Waco State TX Zip Code 76710-7218

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, COMPLNCE POLICY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A853B5AD76BE34439BB0

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

C. 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 ▼ **340.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : AE45116BB07974C39AF4

Amount of Each Receipt this Period **40.00**

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	194.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. 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 ▼ **323.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A508C85FA19D54555BED

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

B. 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 ▼ **1634.55**

Date of Receipt **08 / 22 / 2015**

Transaction ID : AE3867E62D5A44C52ABC

Amount of Each Receipt this Period **192.30**

Payroll Deduction: \$96.15/Bi-Weekly

C. 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 ▼ **323.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A3D570C638AD04225902

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **268.30**

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

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

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

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

A. DAVID W BORDOFSKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5001 Ashland Belle 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 **680.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A278DC03BC54E4361A47
 Amount of Each Receipt this Period **80.00**
 Payroll Deduction: \$40.00/Bi-Weekly

B. DEBORAH DALEY
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 757
 City Edgewood State TX Zip Code 75117-0757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation ASST - ADMINISTRATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : AF2D3E8272C39449A0E
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction: \$20.00/Bi-Weekly

C. KEITH STANHILL
 Full Name (Last, First, Middle Initial)
 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 St. Francis-Equicare Occupation CHIEF HR OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A2BB78EB2E94F416383D
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

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

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

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

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

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

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 ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : AF0C2099E17AF4652A82

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

B. JOSEPH S. STEINER
Full Name (Last, First, Middle Initial)

Mailing Address 11226 POINTE CT

City Saint Louis State MO Zip Code 63127-1741

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

Name of Employer Occupation
MacNeal Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : AD1E0EC7D075F4DC3AC2

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

C. STEPHEN W KROUSE
Full Name (Last, First, Middle Initial)

Mailing Address 632 Hirst Ave

City Havertown State PA Zip Code 19083-4126

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

Name of Employer Occupation
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN CHIEF HR OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A2EB00C4EE38249499B1

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.00

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 27 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 ▼ **595.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : ADCFDBD238E87496786B

Amount of Each Receipt this Period **70.00**

Payroll Deduction: \$35.00/Bi-Weekly

B. 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 ▼ **323.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A3C899337B37840138F9

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/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 ▼ **646.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : ADA6C8E85A31D45A1A87

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. MARK PHILLIPS
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 FLORIDA MEDICAL CENTER Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.00

Date of Receipt
08 / 08 / 2015
Transaction ID : A3DF29FF652EF41F39E5

Amount of Each Receipt this Period
19.00

Payroll Deduction: \$19.00/Bi-Weekly

B. ERIK G. WEXLER
Full Name (Last, First, Middle Initial)

Mailing Address 110 STUART ST, UNIT 25E

City Boston State MA Zip Code 02116-5675

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

Name of Employer Tenet Healthcare Corp Occupation CEO, Northeast Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
663.00

Date of Receipt
08 / 22 / 2015
Transaction ID : AA5C5D6AF31524943A34

Amount of Each Receipt this Period
78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 1445 Ross Ave, Suite 1400

City Dallas State TX Zip Code 75202-2703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
663.00

Date of Receipt
08 / 22 / 2015
Transaction ID : AB862A19C244D4CA49F1

Amount of Each Receipt this Period
78.00

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

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

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

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 ▼ 1296.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A30E16468437540178CF

Amount of Each Receipt this Period 192.00

Payroll Deduction: \$96.00/Bi-Weekly

B. 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 ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : AF3A1C6C7AE5042B692F

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 10847 LOCHSPRING DRIVE

City Dallas State TX Zip Code 75218-1201

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A190180820F59434D822

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 268.00

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 30 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 663.00

Date of Receipt 08 / 22 / 2015
Transaction ID : AB42032427DDA4BE6948

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

B. LARRY M. GOLD
Full Name (Last, First, Middle Initial)

Mailing Address 4348 Karen Lane

City Bloomfield Hills State MI Zip Code 48302-1961

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

Name of Employer Children's Hospital of Michigan Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A0969FB6137EF4CE7989

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

C. 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 ▼ 663.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A7B8F407D156B49F7870

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

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

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

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

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

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

Mailing Address 1138 Pine Valley Rd

City Griffin	State GA	Zip Code 30224-4953
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FEC ID number of contributing federal political committee. **C**

Name of Employer SPALDING REGIONAL HOSPITAL	Occupation CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2015

Transaction ID : A7443B9AAC9964F36B6B

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/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 ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2015

Transaction ID : AC14397D9D7EC44A0BEE

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/Bi-Weekly

C. JASON P ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 7220 Wynnridge Dr

City Mobile	State AL	Zip Code 36695-5500
----------------	-------------	------------------------

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

Name of Employer EAST COOPER REGIONAL MEDICAL CENTER	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **233.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2015

Transaction ID : A081F4B1E3849410AA9D

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	154.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. MARK P LISA		Date of Receipt MM / DD / YYYY 08 / 22 / 2015 Transaction ID : AB8824F22FAB543BDA0B
Mailing Address 391 E Milgeo Ave		Amount of Each Receipt this Period 78.00
City Ripon	State CA	Zip Code 95366-2120
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$39.00/Bi-Weekly
Name of Employer DOCTORS HOSPITAL OF MANTECA	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 663.00	

Full Name (Last, First, Middle Initial) B. ROBERT HOEFER		Date of Receipt MM / DD / YYYY 08 / 22 / 2015 Transaction ID : AD1812EAFCED4FB1816
Mailing Address 11216 Hermitage Hill Place		Amount of Each Receipt this Period 78.00
City Saint Louis	State MO	Zip Code 63131-3322
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$39.00/Bi-Weekly
Name of Employer St. Louis University Hospital	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 663.00	

Full Name (Last, First, Middle Initial) C. KAREN R FOWLER		Date of Receipt MM / DD / YYYY 08 / 22 / 2015 Transaction ID : AE0BACFC128FB4FC5BC1
Mailing Address 8306 Turquoise St		Amount of Each Receipt this Period 38.00
City El Paso	State TX	Zip Code 79904-2513
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$19.00/Bi-Weekly
Name of Employer PROVIDENCE MEMORIAL HOSPITAL	Occupation ASST VP NURSING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

SUBTOTAL of Receipts This Page (optional).....▶	194.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. ENRIQUE MARTINEZ
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 PROVIDENCE MEMORIAL HOSPITAL Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A11C1D780CE9D40EEBBF

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 6104 La Posta Dr

City El Paso State TX Zip Code 79912-1842

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

Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A90107AC715AC4E448EB

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

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 ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : AF6F2E19236FA4A8FB2C

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 154.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. MARIO ESTRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2714 Chaparral Dr
 City Nacogdoches State TX Zip Code 75965-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tenet W2p Occupation RETIREE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A28696B0287DC4670973
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

B. 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 ▼ 278.00

Date of Receipt 08 / 22 / 2015
Transaction ID : AABDEA4F34E76483EAAA
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

C. TERESA L HUSKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4333 Pershing Ave
 City Ft Worth State TX Zip Code 76107-4243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1632.00

Date of Receipt 08 / 22 / 2015
Transaction ID : A5EB16ECE2DFA49D9909
 Amount of Each Receipt this Period 192.00
 Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	268.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. DAVID KATZIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3080 Canterbury Dr
 City Boca Raton State FL Zip Code 33434
 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 **323.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A3245B2980834450D962
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

B. 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 **1632.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A3061305CAE484544BA0
 Amount of Each Receipt this Period **192.00**
 Payroll Deduction: \$96.00/Bi-Weekly

C. 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 **3264.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A57665CC098F24D9AB1E
 Amount of Each Receipt this Period **384.00**
 Payroll Deduction: \$192.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	614.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. 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 **663.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A58164C840ED141DE970
 Amount of Each Receipt this Period **78.00**
 Payroll Deduction: \$39.00/Bi-Weekly

B. 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 **269.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A5A9848C27BD94C4EACF
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

C. ROB FINNEGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 Carriage Trl
 City McKinney State TX Zip Code 75070-4306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, FINANCE ASC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A894D91179DEA44CF98F
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	154.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. JEREMY CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 N Hall St
 Apt 19
 City Dallas State TX Zip Code 75204-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A65EE67E51FC5467AA0D
 Amount of Each Receipt this Period **80.00**
 Payroll Deduction: \$40.00/Bi-Weekly

B. BARRY LEFFLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4123 WYCLIFF AVE
 City Dallas State TX Zip Code 75219-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, Marketing and Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A85B1B5130E2E4209897
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/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 **1632.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A536DCA9A27204D87BBA
 Amount of Each Receipt this Period **192.00**
 Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	310.00
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 38 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. COREY L DAVISON
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Crepe Myrtle Dr

City Flower Mound State TX Zip Code 75028-3617

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOVT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A7830FA172EC04893BA1

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 108 Londonberry Ter

City Southlake State TX Zip Code 76092-7321

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP AND TREASURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **323.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A4385633C318545BA998

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 7365 NW 54th St

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, REG REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A20444F2EC9E842B5939

Amount of Each Receipt this Period **50.00**

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **166.00**

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

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

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

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

A. 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 ▼ **340.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A07A587A8222D4429825

Amount of Each Receipt this Period **40.00**

Payroll Deduction: \$20.00/Bi-Weekly

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

Mailing Address 1445 Ross Ave #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 AVP, Managed Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : AC5BA7351DA0E43D9B15

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

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

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 SVP, REGIONAL OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A99A5CD8099B84E70A62

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

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

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

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

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

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

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

Mailing Address 23510 Berdon St

City Woodland Hills State CA Zip Code 91367-3004

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOVT PROGRAMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : AD8DB2697911B4D888C1

Amount of Each Receipt this Period **80.00**

Payroll Deduction: \$40.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. RODNEY A REASONER

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 ▼ **646.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A9474A2EB941E40B3927

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

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

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 VP, Acquisition and Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A070EF7C372C64838BCC

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

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

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

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

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

A. VANESSA BENAVIDES
Full Name (Last, First, Middle Initial)

Mailing Address 3818 Cedar Spr # 101-32

City Dallas State TX Zip Code 75219-0000

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CORP COMPLIANCE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A4920DFAC5D84E258F8

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

B. MARY E. CLEARY
Full Name (Last, First, Middle Initial)

Mailing Address 940 Bonnie Brae Place,

City River Forest State IL Zip Code 60305-1512

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CFO Chicago Market

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **468.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : A14232A540FD8474081D

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

C. GARY K RUFF
Full Name (Last, First, Middle Initial)

Mailing Address 714 Kent Ct

City Southlake State TX Zip Code 76092-8868

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, PHYSICIAN RESOURCES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1632.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : AF516042F3D6045C69A3

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	348.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. 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 ▼ **323.00**

Date of Receipt: 08 / 22 / 2015
Transaction ID : A0136BF1C9A4340D4A2A

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

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 3302 Marsh Ln

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, APPLIED CLINICAL INF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt: 08 / 22 / 2015
Transaction ID : A090EC84128DD4463A5D

Amount of Each Receipt this Period: **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 3141 Lovers Lane

City Dallas State TX Zip Code 75225-7720

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

Name of Employer: TENET HEALTHCARE CORPORATION
Occupation: Regional CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.36**

Date of Receipt: 08 / 22 / 2015
Transaction ID : A4BBA1573284346508FD

Amount of Each Receipt this Period: **38.06**

Payroll Deduction: \$19.03/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **152.06**

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

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

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

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

A. THOMAS WOLF
Full Name (Last, First, Middle Initial)
Mailing Address 2613 Millington Dr
City Plano State TX Zip Code 75093-3560
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 **272.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A500139F9FA504A7C8D6
Amount of Each Receipt this Period **32.00**
Payroll Deduction: \$16.00/Bi-Weekly

B. 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 **646.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : AA47DFEA8CF1342EEAAE
Amount of Each Receipt this Period **76.00**
Payroll Deduction: \$38.00/Bi-Weekly

C. 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 **323.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A2280BA8FA2824EC3828
Amount of Each Receipt this Period **38.00**
Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **146.00**
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 61
	<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. 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 ▼
 646.00

Date of Receipt
 08 / 22 / 2015
Transaction ID : AA9522A245238432DBB7
 Amount of Each Receipt this Period
 76.00
 Payroll Deduction: \$38.00/Bi-Weekly

B. MANUEL LINARES
 Full Name (Last, First, Middle Initial)
 Mailing Address 7935 East Dr
 Apt 901
 City State Zip Code
 North Bay Village FL 33141-3693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NORTH SHORE MEDICAL CENTER CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 646.00

Date of Receipt
 08 / 22 / 2015
Transaction ID : A44099A7013A54A33BEF
 Amount of Each Receipt this Period
 76.00
 Payroll Deduction: \$38.00/Bi-Weekly

C. IRIS A. TAYLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 549 Fiske Drive
 City State Zip Code
 Detroit MI 48214-2988
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Detroit Receiving Hospital CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 624.00

Date of Receipt
 08 / 22 / 2015
Transaction ID : A62AAD42232F44E98B11
 Amount of Each Receipt this Period
 78.00
 Payroll Deduction: \$39.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 61
	<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. 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 **08 / 22 / 2015**
Transaction ID : ABB8F82AEF31B4ABBB88
 Amount of Each Receipt this Period **78.00**
 Payroll Deduction: \$39.00/Bi-Weekly

B. MICHAEL J KING
 Full Name (Last, First, Middle Initial)
 Mailing Address 2713 Stuyvesant Cir
 City Modesto State CA Zip Code 95356-0337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DOCTORS MEDICAL CENTER-MODESTO Occupation COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A9ED5440D25844AB3AA2
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

C. BENSON P CHACKO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 963040
 City El Paso State TX Zip Code 79996-3040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DBD-ASSOC ADMINISTRATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **209.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A139C18ECCD774B2E883
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **154.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. CONLEY S CERVANTES
 Full Name (Last, First, Middle Initial)
 Mailing Address 819 Cambridge Manor Ln
 City Coppel 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 **204.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A2D15FF37E91B44F990B
 Amount of Each Receipt this Period **24.00**
 Payroll Deduction: \$12.00/Bi-Weekly

B. JANIE PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1403 Crockett Dr
 City Frisco State TX Zip Code 75033-1566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET PATIENT FINCL SVCS Occupation SVP, REVENUE CYCLE MGMT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A9136E66A24814CEA848
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

C. JIMMY K. DUNCAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Garden View Dr. NE Apt 1224
 City Atlanta State GA Zip Code 30319-5824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ATLANTA MEDICAL CENTER Occupation CHRO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **209.00**

Date of Receipt **08 / 22 / 2015**
Transaction ID : A3643EACFA2464E759DD
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **100.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 61
	<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. Full Name (Last, First, Middle Initial)
ANIL JAIN

Mailing Address 62 Governors Way

City Brentwood State TN Zip Code 37027-8927

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

Name of Employer **TENET HEALTHCARE CORPORATION** Occupation **Interim CFO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 22 / 2015

Transaction ID : A30C93F9C555641E0B25

Amount of Each Receipt this Period
38.00

Payroll Deduction: \$19.00/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 / D D / Y Y Y Y Y Y

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	38.00
TOTAL This Period (last page this line number only).....▶	9354.12

**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. Re-Elect McGovern Committee

Mailing Address PO BOX 60405

City Worcester State MA Zip Code 01606-0405

Purpose of Disbursement
2016 Primary

Candidate Name
Rep. James P. McGovern

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	5

Transaction ID : BA25D5F8452F54B62AFD

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CHC Bold PAC

Mailing Address PO BOX 75357

City Washington State DC Zip Code 20013-0357

Purpose of Disbursement
2015 Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼
State: District: Other2015

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	5

Transaction ID : BD9AE98CF1D14FC092E

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Mailing Address PO BOX 10847

City Rochester State NY Zip Code 14610-0847

Purpose of Disbursement
2016 Primary

Candidate Name
Thomas W Reed II

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	5

Transaction ID : B1C9794A36ABD45BD840

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

**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. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Mailing Address P.O. BOX 11091

Transaction ID : B8FE19B3AC2DE4AD4B9F

City State Zip Code
Chattanooga TN 37401-2091

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2016 Primary

--

Candidate Name

Charles J Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 03

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

1000.00

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

5500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. STEPHEN W KROUSE

Mailing Address 632 Hirst Ave

City Havertown State PA Zip Code 19083-4126

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : B3519FA76E2FA4057ACB

Amount of Each Disbursement this Period

76.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y 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)..... ▶

76.00

76.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Texans for Joe Straus

Mailing Address P.O. Box 90388

City San Antonio State TX Zip Code 78209-9084

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B0BA38907A9544525B6B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mary Gonzalez Campaign

Mailing Address P.O. Box 450

City Clint State TX Zip Code 79836-0450

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B625D0364CB434DB2854

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kenneth Sheets for State Representative

Mailing Address 6333 East Mockinbird Lane
Suite 147

City Dallas State TX Zip Code 75214-2672

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B781EBF8B10DE44D3AD0

Amount of Each Disbursement this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Royce West for Texas State Senate Campaign

Mailing Address 5787 S. Hampton Rd.
Suite 440

City Dallas State TX Zip Code 75232-2255

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BEC91D96E5E0B4668B41

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Texans for Jason Villalba

Mailing Address P.O. Box 670368

City Dallas State TX Zip Code 75367-0368

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B345FB86A8E9E4E62945

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Carlos Uresti Campaign

Mailing Address 9006 Walhalla

City San Antonio State TX Zip Code 78221-3552

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BB6527D7EA39B4D5EB02

Amount of Each Disbursement this Period

500.00

Category/
Type

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Eddie Lucio III Campaign

Mailing Address 3705 Cottontail

City State Zip Code
Brownsville TX 78526-4359

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BD88D1020C7D74B14A55

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Four Price Campaign

Mailing Address 2606 S. Lipscomb St.

City State Zip Code
Amarillo TX 79109-2332

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B8D8D6A56D28F4B10B37

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Senator Juan 'Chuy' Hinojosa Campaign

Mailing Address 612 W. Nolana, Suite 410

City State Zip Code
McAllen TX 78504-3089

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B81354867A875426A895

Amount of Each Disbursement this Period

1000.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Borris Miles Campaign

Mailing Address 5302 Alameda Rd.

City Houston State TX Zip Code 77004-7440

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B970062FBA65741F5BF8

Amount of Each Disbursement this Period

250.00

B. Texans for Dan Patrick

Mailing Address 1 E. Greenway Plz.,
Suite 225

City Houston State TX Zip Code 77046-0106

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B629962B0F39D4879BEE

Amount of Each Disbursement this Period

1000.00

C. Texans for Greg Abbott

Mailing Address 504 Lavaca Street

City Austin State TX Zip Code 78701-2900

Purpose of Disbursement
2018 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BEF4776DDB788410889A

Amount of Each Disbursement this Period

2000.00

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

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

3250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bobby Guerra Campaign

Mailing Address 10213 N. 10th St.

City McAllen State TX Zip Code 78504-9366

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BDFC4AEC9D7D64190881

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Senator Rodney Ellis Campaign

Mailing Address 440 Louisiana Suite 575

City Houston State TX Zip Code 77002-1635

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BCFD8DFE706A4437E97B

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Ina Minjarez Campaign

Mailing Address 9406 Hazelton Ln.

City San Antonio State TX Zip Code 78251-4743

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BA38BE8080E4B452FB75

Amount of Each Disbursement this Period

250.00

Category/
Type

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Committee to Re-elect Garnet Coleman

Mailing Address P.O. Box 88140

City Houston State TX Zip Code 77288-0140

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B995C3A36AF924C07BF0

Amount of Each Disbursement this Period

500.00

B. Friends of Travis Clardy

Full Name (Last, First, Middle Initial)

Mailing Address 209 E. Main Street

City Nacogdoches State TX Zip Code 75961-5257

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B52610F25561C4A09B05

Amount of Each Disbursement this Period

500.00

C. Joe Pickett Campaign

Full Name (Last, First, Middle Initial)

Mailing Address 3606 Wooster

City El Paso State TX Zip Code 79936-1123

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BA90049D057D64FDAAB0

Amount of Each Disbursement this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Texans for Chris Paddie

Mailing Address P.O. Box 8259

City Marshall State TX Zip Code 75671-8259

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BD783804EEE074FB9ADC

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Cindy Burkett Campaign

Mailing Address 226 Magic Ln.

City Sunnyvale State TX Zip Code 75182-9348

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B5265CC2197C44322AC0

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Eddie Lucio Jr. Campaign

Mailing Address P.O. Box 5958

City Brownsville State TX Zip Code 78523-5958

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B9751FF460D704BE7B52

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Angie Chen Button Campaign

Mailing Address 6914 Clear Springs Cir.

City Garland State TX Zip Code 75044-2828

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B9A757CF7C2ED4912853

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Morgan Meyer for Texas

Mailing Address 3838 Oak Lawn Avenue Suite 400

City Dallas State TX Zip Code 75219-4506

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B6FF2F21D0A7149F7867

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Jane Nelson

Mailing Address P.O. Box 608

City Grapevine State TX Zip Code 76099-0608

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B3A6E2854056A4C3F8F1

Amount of Each Disbursement this Period

1000.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Texans for Joan Huffman

Mailing Address 3375 Westpark Dr
Suite 135

City Houston State TX Zip Code 77005-4262

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B39F78B1B840F4A9EB1E

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Jose Rodriguez Campaign

Mailing Address 1809 Georgia Pl

City El Paso State TX Zip Code 79902-2815

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B646BD687CC0B4E8A8D6

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Diego Bernal Campaign

Mailing Address 107 Kinder Dr.

City San Antonio State TX Zip Code 78212-1060

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BB1CB1A09D844499FA24

Amount of Each Disbursement this Period

250.00

Category/
Type

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Yvonne Davis Campaign

Mailing Address P.O. Box 763368

City Dallas State TX Zip Code 75376-3368

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B2BC7D6C710BD42A1981

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Caesar Blanco Campaign

Mailing Address P.O. Box 27074

City El Paso State TX Zip Code 79926-7074

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BCBEDFB18A28240D9ACA

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Robert Nichols for State Senate

Mailing Address P.O. Box 2347

City Jacksonville State TX Zip Code 75766-0086

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : BE41D6F3E668D4E429B8

Amount of Each Disbursement this Period

500.00

Category/
Type

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sarah Davis Campaign

Mailing Address 4203 Tennyson Street

City Houston State TX Zip Code 77005-2751

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B7C84068747AE4EEEEFA

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Joseph Moody Campaign

Mailing Address PO Box 920827

City El Paso State TX Zip Code 79902-0015

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B322B1F0790434AEEB67

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

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

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

750.00

16250.00