

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		98990.39
(b) Cash on Hand at Beginning of Reporting Period.....	122320.89	
(c) Total Receipts (from Line 19)	9840.00	92240.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	132160.89	191230.89
7. Total Disbursements (from Line 31).....	3000.00	62070.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	129160.89	129160.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7973.30	56291.75
(ii) Unitemized	1866.70	30948.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9840.00	87240.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9840.00	87240.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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))..... ▶	9840.00	92240.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9840.00	92240.50

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	51220.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	10850.00
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)) ..	3000.00	62070.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	62070.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9840.00	87240.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9840.00	87240.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. AUDREY E GREGORY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6263 SHADOW TREE LANE
 City LAKE WORTH State FL Zip Code 33463-8241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DELRAY MEDICAL CENTER Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2012
Transaction ID : 35084840
 Amount of Each Receipt this Period
 260.00

B. MICHAEL J BIERMAN, JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 CENTER CT
 City HEATH State TX Zip Code 75032-5999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, MANAGED CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : 35084852
 Amount of Each Receipt this Period
 300.00

C. 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 ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR1025621128282
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	598.00
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 37
	<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. KEVIN MCCASLIN
Full Name (Last, First, Middle Initial)

Mailing Address 1415 MAIN STREET #1403

City DALLAS	State TX	Zip Code 75202-4108
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1536.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR102615682822

Amount of Each Receipt this Period
192.00

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

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

Mailing Address 1001 SARANAC PARK

City PEACHTREE CITY	State GA	Zip Code 30269-1274
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FEC ID number of contributing federal political committee. **C**

Name of Employer ATLANTA MEDICAL CENTER	Occupation COO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR115911622822

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 3803 STOCKTON LN

City DALLAS	State TX	Zip Code 75287-4919
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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 ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR147966442822

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	282.00
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 37
	<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 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 ▼ 608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR1481203528282
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. 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 ▼ 608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR1568624528282
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. CARLOS A DUBE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10172 SAIGON DR
 City EL PASO State TX Zip Code 79925-5428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, IMAGING SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR1568782028282
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 190.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<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 RICE
Full Name (Last, First, Middle Initial)
Mailing Address 15126 FERDINAND DR
City DALLAS State TX Zip Code 75248-6437
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, INVESTOR RELATIONS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **624.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR1592856028282
Amount of Each Receipt this Period **78.00**
P/R Deduction (\$39.00 Bi-Weekly)

B. ROBERT SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 5325 TATE AVE
City PLANO State TX Zip Code 75093-3433
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **640.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR1592857728282
Amount of Each Receipt this Period **80.00**
P/R Deduction (\$40.00 Bi-Weekly)

C. RICKY JOHNSTON
Full Name (Last, First, Middle Initial)
Mailing Address 401 N.CHURCH ST
City MCKINNEY State TX Zip Code 75069
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 **720.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR1592858228282
Amount of Each Receipt this Period **90.00**
P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **248.00**
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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 15871 SW 148 TERRACE

City MIAMI State FL Zip Code 33196-5701

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

Name of Employer CORAL GABLES HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1734839228282

Amount of Each Receipt this Period **80.00**

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

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

Mailing Address 13219 GEORGE STREET

City FARMERS BRANCH State TX Zip Code 75234-5206

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

Name of Employer TENET PATIENT FINCL SVCS Occupation VP & CHIEF COMP OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **704.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1735529128282

Amount of Each Receipt this Period **88.00**

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

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

Mailing Address 676 BRYN MAHR LANE

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 ▼ **484.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1735905228282

Amount of Each Receipt this Period **78.00**

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

SUBTOTAL of Receipts This Page (optional)..... **246.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
	<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. DINA L DUNN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 3717 CHERRY RIDGE DR		Transaction ID : PR1735906028282
City FRISCO	State TX	Zip Code 75034-1328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, HR HOSPITAL OPS	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. DANIEL WALDMANN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 1111 N. MONTCLAIR AVE		Transaction ID : PR1814798528282
City DALLAS	State TX	Zip Code 75208-3520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, GOVERNMENT RELATIONS	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00	

Full Name (Last, First, Middle Initial) C. ALBERT BARROCAS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 4050 SPALDING DR		Transaction ID : PR2069711428282
City ATLANTA	State GA	Zip Code 30350-1100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer SOUTH FULTON MEDICAL CENTER	Occupation CHIEF MEDICAL OFFICER	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MARK P LISA			Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 391 E MILGEO AVE			Transaction ID : PR2174141228282
City RIPON	State CA	Zip Code 95366-2120	Amount of Each Receipt this Period 78.00
FEC ID number of contributing federal political committee. C			
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 ▼ 484.00		P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ROBERT J CUNNAH			Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 163 VILLAGIO WEST			Transaction ID : PR2174361628282
City PALM SPRINGS	State CA	Zip Code 92262-6395	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation CHIEF MEDICAL OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. VANESSA BENAVIDES			Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 3818 CEDAR SPR #101-322			Transaction ID : PR2174558728282
City DALLAS	State TX	Zip Code 75219	Amount of Each Receipt this Period 78.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHCARE CORPORATION	Occupation CORP COMPLIANCE OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00		P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	256.00
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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. CATHRYN H FRASER		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 272 ENCLAVES COURT		Transaction ID : PR2174559928282
City COPPELL	State TX	Zip Code 75019-2125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, HUMAN RESOURCES	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00	

Full Name (Last, First, Middle Initial) B. ALVIN W JOSEPHS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 3717 HERWOL AVE		Transaction ID : PR2174561228282
City WACO	State TX	Zip Code 76710-7218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR, COMPLNCE POLICY	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	

Full Name (Last, First, Middle Initial) C. JOHN P LANDINO		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 911 LAKE BREEZE		Transaction ID : PR2174561728282
City HIGHLAND VILLAGE	State TX	Zip Code 75077-6491
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP PHY RELT PROG,BUS DEV	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	

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 14 OF 37
	<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. JEFFERY FLOCKEN
Full Name (Last, First, Middle Initial)
Mailing Address 27 NEW DAWN
City IRVINE State CA Zip Code 92620-1976
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2174567328282
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

B. PATRICIA SECHI
Full Name (Last, First, Middle Initial)
Mailing Address 1231 FERDINAND ST #1802
City CORAL GABLES State FL Zip Code 33134-2167
FEC ID number of contributing federal political committee. **C**
Name of Employer NORTH SHORE MEDICAL CENTER Occupation COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2216476828282
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. SALLY A HURT-STEFFEN
Full Name (Last, First, Middle Initial)
Mailing Address 712 WALTHAM CT
City EL PASO State TX Zip Code 79922-2128
FEC ID number of contributing federal political committee. **C**
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2248480228282
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 338.00
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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6905 VILLA HERMOSA

City EL PASO State TX Zip Code 79912-2341

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, PLANT OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2248482528282

Amount of Each Receipt this Period 38.00

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

B. RICHARD E GLANCEY
Full Name (Last, First, Middle Initial)

Mailing Address 6516 VASCO WAY

City EL PASO State TX Zip Code 79912-1709

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

Name of Employer SIERRA MEDICAL CENTER Occupation DIR, EXTERNAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2284144028282

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 9438 THORNBERRY LANE

City DALLAS State TX Zip Code 75220-5145

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2284285128282

Amount of Each Receipt this Period 38.00

P/R 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 16 OF 37
	<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. MICHAEL BLACKBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4141 16TH STREET NE
 City HICKORY State NC Zip Code 28601-8408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2369304328282
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. JOHN SHORT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3108 CLYMER DR
 City PLANO State TX Zip Code 75025-5325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, PERF MGMT & INNOVAT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2387796628282
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 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 ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2398953028282
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	192.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<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. STEPHEN D PRESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3680 VILLAGE CENTER LANE
 City BIRMINGHAM State AL Zip Code 35226-6343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: BROOKWOOD MEDICAL CENTER Occupation: VP, EXTERNAL AFFAIRS
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 285.00

Date of Receipt: 07 / 31 / 2012
Transaction ID : PR2428718428282
 Amount of Each Receipt this Period: 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. KELVIN A BAGGETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6453 TULIP LANE
 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: 624.00

Date of Receipt: 07 / 31 / 2012
Transaction ID : PR2444580828282
 Amount of Each Receipt this Period: 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. TYLER MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 LONDONBERRY TERR.
 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: 304.00

Date of Receipt: 07 / 31 / 2012
Transaction ID : PR2444580928282
 Amount of Each Receipt this Period: 38.00
 P/R 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 18 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR. JAMES M THATCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6608 CASTLE PINES DRIVE
 City PLANO State TX Zip Code 75093-6378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET PATIENT FINCL SVCS Occupation SVP, BUS DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2460337928282
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MR. JAMES M COWLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 SUNSET COVE
 City PALM BEACH GARDENS State FL Zip Code 33418-4607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2460338228282
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. DENISE F BERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 COUNTRY BEND
 City SAINT CHARLES State MO Zip Code 63303-2512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DES PERES HOSPITAL Occupation HOSPITAL COMPLIANCE OFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2492160328282
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37
	<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. ROB FINNEGAN
Full Name (Last, First, Middle Initial)

Mailing Address 2804 CARRIAGE TRAIL

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 ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2561467828282

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 2700 CREPE MYRTLE DRIVE

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 SR DIR, GOVT RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2571027628282

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 3201 WENTWOOD DRIVE

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 ▼ 576.90

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2577650628282

Amount of Each Receipt this Period 192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 308.30

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 20 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 111 RIGHTERS MILL RD

City PENN VALLEY State PA Zip Code 19072-1312

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

Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR406763228282

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 7243 BAXTERSHIRE DRIVE

City DALLAS State TX Zip Code 75230-3170

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, QUALITY MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR407201328282

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 2613 MILLINGTON DRIVE

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 ▼ 256.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR407205128282

Amount of Each Receipt this Period 32.00

P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 108.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<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. STEVE BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 16 SARAH NASH CT

City DALLAS State TX Zip Code 75225-2072

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation EVP, CHIEF INFO OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3040.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR407210628282

Amount of Each Receipt this Period 380.00

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

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

Mailing Address 2230 WARNER ROAD

City FORT WORTH State TX Zip Code 76110-1752

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, A&D

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR407215828282

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 25 NIGHT HERON PL

City HICKORY State NC Zip Code 28601-8806

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR407219728282

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 496.00

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 37
	<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. JAMES E MCPARTLAND
Full Name (Last, First, Middle Initial)

Mailing Address 2345 TIMBERLAKE CIR

City ALLEN State TX Zip Code 75013-5835

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, PATIENT MGMT SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR407221528282

Amount of Each Receipt this Period **38.00**

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

B. 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 ▼ **608.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR407222128282

Amount of Each Receipt this Period **76.00**

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

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

Mailing Address 11122 W RICKS CIRCLE

City DALLAS State TX Zip Code 75230-3032

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation REGIONAL CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR407222828282

Amount of Each Receipt this Period **100.00**

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

SUBTOTAL of Receipts This Page (optional)..... **214.00**

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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. DOUGLAS E RABE		Date of Receipt 07 / 31 / 2012 Transaction ID : PR407227328282
Mailing Address 7746 EAGLE TRAIL		Amount of Each Receipt this Period 40.00
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		P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MICHAEL S HONGOLA		Date of Receipt 07 / 31 / 2012 Transaction ID : PR407227628282
Mailing Address 6704 WESTMONT DRIVE		Amount of Each Receipt this Period 40.00
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		P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. GARY K RUFF		Date of Receipt 07 / 31 / 2012 Transaction ID : PR407229228282
Mailing Address 714 KENT CT		Amount of Each Receipt this Period 192.00
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 & GENERAL COUNSEL		P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2208.00	

SUBTOTAL of Receipts This Page (optional).....▶	272.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 37
	<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

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

Mailing Address 3014 CASTLE PINES DRIVE

City State Zip Code
DULUTH GA 30097-2039

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

Name of Employer Occupation
ATLANTA MEDICAL CENTER MARKET CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2012

Transaction ID : PR40723182822

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 1138 PINE VALLEY ROAD

City State Zip Code
GRIFFIN GA 30224-4953

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

Name of Employer Occupation
SPALDING REGIONAL HOSPITAL CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
608.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2012

Transaction ID : PR40723602822

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 747 MENDENHALL CT

City State Zip Code
FORT MILL SC 29715-7852

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

Name of Employer Occupation
PIEDMONT MEDICAL CENTER CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2012

Transaction ID : PR40724142822

Amount of Each Receipt this Period
38.00

P/R 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 25 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOHN F HOLLAND		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 3610 EDGEWATER STREET		Transaction ID : PR407242928282
City DALLAS	State TX	Zip Code 75205-4317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, REGIONAL OPERATIONS	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00	

Full Name (Last, First, Middle Initial) B. JAMES D DORIS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 264 IDLEWILDE LANE		Transaction ID : PR407244828282
City SANFORD	State NC	Zip Code 27332-9304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer CENTRAL CAROLINA HOSPITAL	Occupation CEO	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) C. RALPH ALEMAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 528 W 51ST ST		Transaction ID : PR407245328282
City MIAMI BEACH	State FL	Zip Code 33140-2611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer HIALEAH HOSPITAL	Occupation CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional).....▶	302.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. DAVID L ARCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2594 HOCKSETT COVE
 City GERMANTOWN State TN Zip Code 38139-6655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAINT FRANCIS HOSPITAL Occupation MARKET CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1536.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR407250428282
 Amount of Each Receipt this Period 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

B. ALAN R CASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 EVERNIA ST#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 ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR407263528282
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. TERRY WHEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13802 MAGNOLIA MANOR
 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 ▼ 560.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR407265628282
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 37
	<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

Full Name (Last, First, Middle Initial) A. GARY L HONTS JR.			Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR407266428282
Mailing Address 7707 N 127TH AVE			Amount of Each Receipt this Period 78.00
City OMAHA	State NE	Zip Code 68142-1723	P/R Deduction (\$39.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 552.00	
Name of Employer CREIGHTON UNIVERSITY MEDICAL CENTER	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. CRAIG C ARMIN			Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR407274128282
Mailing Address 23510 BERDON STREET			Amount of Each Receipt this Period 80.00
City WOODLAND HILLS	State CA	Zip Code 91367-3004	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 640.00	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, GOV'T PROGRAMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. KENT G CLAYTON			Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR407278128282
Mailing Address 3 TURTLE BAY DRIVE			Amount of Each Receipt this Period 76.00
City NEWPORT BEACH	State CA	Zip Code 92660-4266	P/R Deduction (\$38.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 608.00	
Name of Employer PLACENTIA LINDA HOSPITAL	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37
	<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	State	Zip Code
DANVILLE	CA	94506-4805

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

Name of Employer	Occupation
SAN RAMON REGION MEDICAL CENTER	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR407278828282

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 980 ISABELLA WAY

City	State	Zip Code
SAN LUIS OBISPO	CA	93405-6186

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

Name of Employer	Occupation
SIERRA VISTA REGIONAL MEDICAL CENTER	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR407280328282

Amount of Each Receipt this Period

78.00

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

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

Mailing Address 1960 MARY LEE LN

City	State	Zip Code
ALLEN	TX	75002-8528

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

Name of Employer	Occupation
TENET HEALTHCARE CORPORATION	VP, FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **608.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR407280928282

Amount of Each Receipt this Period

76.00

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

SUBTOTAL of Receipts This Page (optional).....▶	192.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 37
	<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. MICHELE M FINNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 21521 TURTLEDOVE STREET
 City TRABUCO CANYON State CA Zip Code 92679-3486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR407283928282
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. KEN WHEAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 38041 E.BOGERT TRAIL
 City PALM SPRINGS State CA Zip Code 92264-9638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR407288728282
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. RICK LYONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2425 BATTERING ROCK RD
 City TEMPLETON State CA Zip Code 93465-8371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TWIN CITIES COMMUNITY HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR413941928282
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	171.00
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 37
	<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. 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 ▼ 608.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR83915228282
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. LINDA K MERCIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 COLUMBIA CREST PLACE
 City WOODLANDS 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 ▼ 464.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR839173328282
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. EDWARD MESCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7365 NW 54TH STREET
 City LAUDERHILL State FL Zip Code 33319-6346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REG REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR839477828282
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	204.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 37
	<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. AUDREY T ANDREWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 PENFOLDS
 City COPPELL State TX Zip Code 75019-4544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF COMPL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3072.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR840566928282
 Amount of Each Receipt this Period 384.00
 P/R Deduction (\$192.00 Bi-Weekly)

B. DREW P KAHN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16015 KEMPTON PARK
 City SPRING State TX Zip Code 77379-6730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, REGIONAL OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR840590428282
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. 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 HEALTHSYSTEM-TEXAS Occupation ASST - ADMINISTRATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR840706228282
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 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 32 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5001 ASHLAND BELLE LANE

City FRISCO State TX Zip Code 75035-7682

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CLINICAL SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR840924628282

Amount of Each Receipt this Period **80.00**

P/R Deduction (\$40.00 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 ▼ **304.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR841446728282

Amount of Each Receipt this Period **38.00**

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

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

Mailing Address 3821 BEVERLY DRIVE

City DALLAS State TX Zip Code 75205-2807

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO AND PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR841482528282

Amount of Each Receipt this Period **338.00**

P/R Deduction (\$5.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	456.00
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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1221 WENTWOOD

City IRVING State TX Zip Code 75061-4456

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR842232428282

Amount of Each Receipt this Period
 150.00

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

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

Mailing Address 3302 MARSH LANE

City GRAPEVINE State TX Zip Code 76051-6828

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, APPLIED CLINICAL INF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR842373128282

Amount of Each Receipt this Period
 76.00

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

C. LESTER G COTTLE
Full Name (Last, First, Middle Initial)

Mailing Address 1625 FAWN LN

City HUNTINGDON VALLEY State PA Zip Code 19006-7917

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

Name of Employer ST CHRISTOPHER'S HOSPITAL FOR CHILDR Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR843874928282

Amount of Each Receipt this Period
 38.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 37
	<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. MANUEL LINARES
Full Name (Last, First, Middle Initial)
Mailing Address 7935 EAST DRIVE#901

City NORTH BAY VILLAGE	State FL	Zip Code 33141-3687
---------------------------	-------------	------------------------

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

Name of Employer NORTH SHORE MEDICAL CENTER	Occupation CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
608.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR844477228282

Amount of Each Receipt this Period
76.00

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

B. PATRICIA L BRAINERD
Full Name (Last, First, Middle Initial)
Mailing Address 5412 GLENSHIRE DR

City PLANO	State TX	Zip Code 75093-2800
---------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR, CORP COMMUN
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR844644428282

Amount of Each Receipt this Period
100.00

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

C. STEVEN B BARR
Full Name (Last, First, Middle Initial)
Mailing Address 1300 BINZ

City HOUSTON	State TX	Zip Code 77004-7016
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR844656628282

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional).....▶	214.00
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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 868B 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 ▼ 285.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR8447128282

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 2713 STUYVESANT CR

City MODESTO State CA Zip Code 95356-0337

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

Name of Employer DOCTORS MEDICAL CENTER-MODESTO Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR8474178282

Amount of Each Receipt this Period 38.00

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

C. STEVEN G WASSERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 6132 DEERHILL RD

City OAK PARK State CA Zip Code 91377-5832

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

Name of Employer CAP MANAGEMENT SYSTEMS Occupation CHIEF INFO OFFICER-CMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR8479701282

Amount of Each Receipt this Period 38.00

P/R 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 36 OF 37
	<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. MONICA C VARGAS
Full Name (Last, First, Middle Initial)

Mailing Address 4017 FLAMINGO

City EL PASO State TX Zip Code 79902-1313

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR849126628282

Amount of Each Receipt this Period
 38.00

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

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

Mailing Address 3013 GOLF CREST LANE

City WOODSTOCK State GA Zip Code 30189-8197

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR849790228282

Amount of Each Receipt this Period
 20.00

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

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).....▶	58.00
TOTAL This Period (last page this line number only).....▶	7973.30

**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. Bob Casey for Senate

Mailing Address P.O. Box 58746

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Senator Bob Casey

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : 35024120

Amount of Each Disbursement this Period

500.00

2012 General

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr Md For Congress Inc

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Rep. Charles Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 35070879

Amount of Each Disbursement this Period

2500.00

2012 Primary

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3000.00

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

3000.00