

# 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.   
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)   
 TX

2. FEC IDENTIFICATION NUMBER ▼ 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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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  /  /

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

**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="2015"/>		81358.03
(b) Cash on Hand at Beginning of Reporting Period.....	76106.97	
(c) Total Receipts (from Line 19) .....	15098.92	39558.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	91205.89	120916.03
7. Total Disbursements (from Line 31).....	17500.00	47210.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	73705.89	73705.89
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	10369.12	15541.42
(ii) Unitemized .....	4729.80	24016.58
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15098.92	39558.00
(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) .....	15098.92	39558.00
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))..... ▶	15098.92	39558.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15098.92	39558.00

**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	1301.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	1301.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	45000.00
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	10.00
(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	10.00
29. Other Disbursements .....	0.00	898.20
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)) ..	17500.00	47210.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	47210.14

**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) .....	15098.92	39558.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15098.92	39548.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	1301.94
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	1301.94

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

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

FOR LINE NUMBER: PAGE 6 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 576.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : ADEE5BCDCD9FA4C4194/**  
 Amount of Each Receipt this Period 192.00  
 Payroll Deduction: \$96.00/Bi-Weekly

**B. 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 ▼ 1152.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : A3E37892AC2534DD2AF2**  
 Amount of Each Receipt this Period 384.00  
 Payroll Deduction: \$192.00/Bi-Weekly

**C. 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 ▼ 576.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : AB92AA4051872423B8D7**  
 Amount of Each Receipt this Period 192.00  
 Payroll Deduction: \$96.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 768.00  
**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 29
	<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 K RUFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 714 Kent Ct

City	State	Zip Code
Southlake	TX	76092-8868

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

Name of Employer	Occupation
TENET HEALTHCARE CORPORATION	SVP, PHYSICIAN RESOURCES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : A8FF599C0194840778C6**

Amount of Each Receipt this Period  

192.00
--------

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 3201 Wentwood Dr

City	State	Zip Code
Dallas	TX	75225-4845

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

Name of Employer	Occupation
TENET HEALTHCARE CORPORATION	PRESIDENT OF HOSPITAL OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : A326D0600B68249D2BE9**

Amount of Each Receipt this Period  

192.30
--------

Payroll Deduction: \$96.15/Bi-Weekly

**C. PAMELA DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5909 LUTHER AVE #2304

City	State	Zip Code
Dallas	TX	75225-5914

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

Name of Employer	Occupation
CONIFER	Senior Director, Government Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : ADE6F2BDA0F87496E938**

Amount of Each Receipt this Period  

192.00
--------

Payroll Deduction: \$96.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>576.30</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
<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. DAVID L ARCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2594 Hocksett Cv

City Germantown	State TN	Zip Code 38139-6655
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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 ▼  
576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015

**Transaction ID : ACAA2FC8C6EB741FF89F**

Amount of Each Receipt this Period  
192.00

Payroll Deduction: \$96.00/Bi-Weekly

**B. 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 ▼  
576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015

**Transaction ID : A02C241920A3843D3818**

Amount of Each Receipt this Period  
192.00

Payroll Deduction: \$96.00/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
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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 ▼  
576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015

**Transaction ID : A1B7961A137A54D54A73**

Amount of Each Receipt this Period  
192.00

Payroll Deduction: \$96.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<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. 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 **300.00**

Date of Receipt **03 / 21 / 2015**  
**Transaction ID : A4A1411AAA0D5440A970**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction: \$50.00/Bi-Weekly

**B. AUDREY T ANDREWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 Penfolds Ln  
 City Coppell State TX Zip Code 75019-4544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 21 / 2015**  
**Transaction ID : A9D959D30C4674232A46**  
 Amount of Each Receipt this Period **384.00**  
 Payroll Deduction: \$192.00/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 **576.00**

Date of Receipt **03 / 21 / 2015**  
**Transaction ID : AD001D0840BF9499EB81**  
 Amount of Each Receipt this Period **192.00**  
 Payroll Deduction: \$96.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>676.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<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. TREVOR FETTER**

Mailing Address 3821 Beverly Dr

City Dallas State TX Zip Code 75205-2807

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO AND PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1998.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015  
**Transaction ID : AB274226728B24A9AA83**

Amount of Each Receipt this Period  
666.00

Payroll Deduction: \$333.00/Bi-Weekly

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

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 ▼  
576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015  
**Transaction ID : A15E2FD117C2643D5B0A**

Amount of Each Receipt this Period  
192.00

Payroll Deduction: \$96.00/Bi-Weekly

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

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 ▼  
576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015  
**Transaction ID : A432BEDB7B4CC41138D1**

Amount of Each Receipt this Period  
192.00

Payroll Deduction: \$96.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<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. PHILLIP W. ROE**  
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 TENET HEALTHCARE CORPORATION Occupation SR. VICE PRESIDENT-FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 21 / 2015**

**Transaction ID : AF05DD6A6C9FD4F36994**

Amount of Each Receipt this Period  
**192.00**

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 1504 Country Bend Dr

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 ▼ **234.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 21 / 2015**

**Transaction ID : AED73CF3583044FCCA4E**

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 ▼ **230.82**

Date of Receipt  
MM / DD / YYYY  
**03 / 21 / 2015**

**Transaction ID : A692D81314295439C8BC**

Amount of Each Receipt this Period  
**76.94**

Payroll Deduction: \$38.47/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>346.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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) <b>A. STEPHEN M MOONEY</b>			Date of Receipt
Mailing Address 4619 Briar Oaks Cir			<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A5A5973297E494AD0BAB</b>
Dallas	TX	75287-7503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="78.00"/>
Name of Employer	Occupation		Payroll Deduction: \$39.00/Bi-Weekly
CONIFER	PRESIDENT, CONIFER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="234.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. COREY L DAVISON</b>			Date of Receipt
Mailing Address 2700 Crepe Myrtle Dr			<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A737BAE6F183D44BCB71</b>
Flower Mound	TX	75028-3617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="78.00"/>
Name of Employer	Occupation		Payroll Deduction: \$39.00/Bi-Weekly
TENET HEALTHCARE CORPORATION	VP, GOVT RELATIONS		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="234.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KENNETH F SUTHERLAND</b>			Date of Receipt
Mailing Address 102 Wilmington Ct			<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A4EDB2D710ED04E5585F</b>
Southlake	TX	76092-8492	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="76.00"/>
Name of Employer	Occupation		Payroll Deduction: \$38.00/Bi-Weekly
TENET HEALTHCARE CORPORATION	VP, CONSTRUCTION & DESIG		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="228.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="232.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 29
	<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 ▼ 234.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : A049DDE67B54746A68E0**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

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 ▼ 240.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : A574F954BF8A1406FAB7**

Amount of Each Receipt this Period 80.00

Payroll 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 75069-3854

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 ▼ 270.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : A83B748EFAF5241B6B8D**

Amount of Each Receipt this Period 90.00

Payroll 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 14 OF 29
	<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. 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 ▼ **234.00**

Date of Receipt **03 / 21 / 2015**

**Transaction ID : A605C236574244841A90**

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

**B. TERRY WHEELER**  
Full Name (Last, First, Middle Initial)

Mailing Address 13802 Magnolia Manor Dr

City Cypress State TX Zip Code 77429-8162

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

Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **03 / 21 / 2015**

**Transaction ID : A3845DAE1A9234091B49**

Amount of Each Receipt this Period **70.00**

Payroll Deduction: \$35.00/Bi-Weekly

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

Mailing Address 6304 Carmel Falls Ct

City McKinney State TX Zip Code 75070-8768

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

Name of Employer CENTENNIAL MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt **03 / 21 / 2015**

**Transaction ID : ACB1E463369974351835**

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **224.00**

**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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. 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 **234.00**

Date of Receipt **03 / 21 / 2015**  
**Transaction ID : AAF0F05C5B8534B07894**  
 Amount of Each Receipt this Period **78.00**  
 Payroll Deduction: \$39.00/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 **230.82**

Date of Receipt **03 / 21 / 2015**  
**Transaction ID : A80D22FDCEf854FAAAA9**  
 Amount of Each Receipt this Period **76.94**  
 Payroll Deduction: \$38.47/Bi-Weekly

**C. 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 **234.00**

Date of Receipt **03 / 21 / 2015**  
**Transaction ID : A7264AD533B724448A36**  
 Amount of Each Receipt this Period **78.00**  
 Payroll Deduction: \$39.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>232.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. DOUGLAS 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 ▼ **234.00**

Date of Receipt **03 / 21 / 2015**

**Transaction ID : AD640087B7DCF45ACA49**

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

**B. 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 ▼ **240.00**

Date of Receipt **03 / 21 / 2015**

**Transaction ID : AE92B4A4D8A1D40299B5**

Amount of Each Receipt this Period **80.00**

Payroll Deduction: \$40.00/Bi-Weekly

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

Mailing Address 11216 Hermitage Hill Place

City Saint Louis State MO Zip Code 63131-3322

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

Name of Employer St. Louis University Hospital Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt **03 / 21 / 2015**

**Transaction ID : A383AE8D8679F42A39E3**

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>236.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. 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 ▼ **234.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : AC677670F1B524AE0B6A**

Amount of Each Receipt this Period  

78.00
-------

Payroll Deduction: \$39.00/Bi-Weekly

**B. MARK R. MONTONEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Potter Lane

City	State	Zip Code
Gallatin	TN	37066-7499

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

Name of Employer	Occupation
Tenet Healthcare Corporation	CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : A3CEE02042370470BBFE**

Amount of Each Receipt this Period  

96.00
-------

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 676 Bryn Mahr Ln

City	State	Zip Code
Rockwall	TX	75087-6018

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

Name of Employer	Occupation
LAKE POINTE MEDICAL CENTER	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : A645D4276B3BD4F07B09**

Amount of Each Receipt this Period  

78.00
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Payroll Deduction: \$39.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>252.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
	<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. 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 ▼ **228.00**

Date of Receipt: 03 / 21 / 2015  
**Transaction ID : AFACF1F2416B44504982**

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

Payroll Deduction: \$38.00/Bi-Weekly

**B. 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 ▼ **240.00**

Date of Receipt: 03 / 21 / 2015  
**Transaction ID : A0E3E73BDF11E4048B66**

Amount of Each Receipt this Period: **80.00**

Payroll Deduction: \$40.00/Bi-Weekly

**C. 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 ▼ **234.00**

Date of Receipt: 03 / 21 / 2015  
**Transaction ID : A49F3C8B0D75D4233811**

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

Payroll Deduction: \$39.00/Bi-Weekly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
	<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. 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 ▼  
 228.00

Date of Receipt  
 03 / 21 / 2015  
**Transaction ID : A95E7F334A2794B0EA0F**  
 Amount of Each Receipt this Period  
 76.00  
 Payroll Deduction: \$38.00/Bi-Weekly

**B. MICHELE M FINNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21521 Turtledove St  
 City State Zip Code  
 Trabuco Canyon CA 92679-3486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOS ALAMITOS MEDICAL CENTER CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 228.00

Date of Receipt  
 03 / 21 / 2015  
**Transaction ID : A19AB430AFDFD4DFC84D**  
 Amount of Each Receipt this Period  
 76.00  
 Payroll Deduction: \$38.00/Bi-Weekly

**C. ERIK G. WEXLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 STUART ST, UNIT 25E  
 City State Zip Code  
 Boston MA 02116-5675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tenet Healthcare Corp CEO, Northeast Region  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 234.00

Date of Receipt  
 03 / 21 / 2015  
**Transaction ID : A66130EADA AFC485FA09**  
 Amount of Each Receipt this Period  
 78.00  
 Payroll Deduction: \$39.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
	<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 P LISA**  
Full Name (Last, First, Middle Initial)

Mailing Address 391 E Milgeo Ave

City Ripon State CA Zip Code 95366-2120

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

Name of Employer DOCTORS HOSPITAL OF MANTECA Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : AA54A65CECCCC41BDB3**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

**B. 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 ▼ 228.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : ADE435E00CA9540BDB2A**

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

**C. 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 ▼ 234.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : ABE68BE3F922C46A5A29**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 232.00

**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 29
	<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) <b>A. PHILLIP SOWA</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2015 <b>Transaction ID : A16D134CC2CFC42CEAB1</b>
Mailing Address 4909 Laclede Ave Apt 805		Amount of Each Receipt this Period 78.00
City Saint Louis	State MO	Zip Code 63108-1446
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$39.00/Bi-Weekly	
Name of Employer SAINT LOUIS UNIVERSITY HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B. VANESSA BENAVIDES</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2015 <b>Transaction ID : A9778825CE9E14A2BA4A</b>
Mailing Address 3818 Cedar Spr # 101-32		Amount of Each Receipt this Period 78.00
City Dallas	State TX	Zip Code 75219-0000
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$39.00/Bi-Weekly	
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 ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL K BURTNETT</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2015 <b>Transaction ID : ABCD6BB8C00754E96AF3</b>
Mailing Address 1131 N Edgefield Ave		Amount of Each Receipt this Period 76.00
City Dallas	State TX	Zip Code 75208-3624
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$38.00/Bi-Weekly	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, OUTPATIENT SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	232.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. 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 ▼ 234.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : A26E47587EB6244FF84C**

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 ▼ 230.82

Date of Receipt 03 / 21 / 2015  
**Transaction ID : A3C1B43EC06CC42E0B32**

Amount of Each Receipt this Period 76.94

Payroll Deduction: \$38.47/Bi-Weekly

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

Mailing Address 1138 Pine Valley Rd

City Griffin State GA Zip Code 30224-4953

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

Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : AD7524BCC3B00464BA82**

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 230.94

**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 23 OF 29
	<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 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : A832E9DB67A364087878**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 7935 East Dr Apt 901

City North Bay Village State FL Zip Code 33141-3693

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : A9F4DB6730EFA431D81D**

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

**C. 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 ▼ 234.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : AF55567468B3D4F389A7**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	232.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 29
<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. 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 ▼  
234.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : A6DB6F6BCCD8E4DE8AF**

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 ▼  
234.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : AF39B373E14D94689904**

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 ▼  
234.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : A8C133EAAA60448DBB00**

Amount of Each Receipt this Period  
78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 29
	<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. 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 ▼ **228.00**

Date of Receipt **03 / 21 / 2015**

**Transaction ID : A6805D38EE69142E68C6**

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

**B. MARK F CORCORAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5391 Highland Pine Ln

City Mableton State GA Zip Code 30126-5697

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VICE PRESIDENT LABOR RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : A38151D2F034A4DA2AAF**

Amount of Each Receipt this Period **1000.00**

Check Contribution

**C. CLINT HAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3724 Country Club Cir

City Fort Worth State TX Zip Code 76109-1034

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF MGD CARE OFCR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : AB7E3E80374FB495DB4F**

Amount of Each Receipt this Period **500.00**

Check Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1576.00**

**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 29
	<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. CAROLYN CALDWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 S Camino Monte  
 City State Zip Code  
 Palm Springs CA 92264-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DESERT REGIONAL MEDICAL CENTER CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : AC06DDA39CDAD4A88A4**  
 Amount of Each Receipt this Period  
 1000.00  
 Check Contribution

**B. MITCHELL S FELDMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7021 W Cypresshead Dr  
 City State Zip Code  
 Parkland FL 33067-2307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WEST BOCA MEDICAL CENTER CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A1B219CA6432B435B981**  
 Amount of Each Receipt this Period  
 250.00  
 Check Contribution

**C. DEBRA LOWRANCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1238 Lady Ln  
 City State Zip Code  
 Duncanville TX 75116-2018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION MGR, QUALITY MGT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A75AD828D9D2941E3BFF**  
 Amount of Each Receipt this Period  
 250.00  
 Check Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 29
	<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) <b>A. Christine Fredric</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>31</td> <td>/</td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03	/	31	/	2015
M M	/	D D	/	Y Y Y Y								
03	/	31	/	2015								
Mailing Address 9346 Dogwood Road		<b>Transaction ID : AA11C2FC14C984DA29DC</b>										
City Germantown	State TN	Zip Code 38139-3509										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00											
Name of Employer TENET HEALTHCARE CORPORATION-HQ	Occupation Chief Business Development Officer	Check Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td>/</td> <td></td> <td>/</td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y		/		/	
M M	/	D D	/	Y Y Y Y								
	/		/									
Mailing Address		Amount of Each Receipt this Period										
City	State	Zip Code										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period											
Name of Employer	Occupation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td>/</td> <td></td> <td>/</td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y		/		/	
M M	/	D D	/	Y Y Y Y								
	/		/									
Mailing Address		Amount of Each Receipt this Period										
City	State	Zip Code										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period											
Name of Employer	Occupation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10369.12

**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. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement  
Primary 2016

Candidate Name

**Kyrsten Sinema**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : BA1283A4F305B4BD5870**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Grassley Committee**

Mailing Address P.O. Box 1000

City Des Moines State IA Zip Code 50304-1000

Purpose of Disbursement  
Primary 2016

Candidate Name

**Sen. Chuck E. Grassley**

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : B38132A661378413CA3F**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. ADRIAN SMITH FOR CONGRESS**

Mailing Address 3321 AVENUE I  
SUITE 6

City Scottsbluff State NE Zip Code 69361-4587

Purpose of Disbursement  
Primary 2016

Candidate Name

**Adrian Smith**

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : BC1C7407B25FF4DFBAA5**

Amount of Each Disbursement this Period

1000.00

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Committee (NRCC)**

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Other2015**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : B3177ABCF478C4EE185E**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CASTRO FOR CONGRESS**

Mailing Address PO BOX 544

City SAN ANTONIO State TX Zip Code 78292

Purpose of Disbursement  
Primary 2016

Candidate Name

**Joaquin Rep Castro**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

**Transaction ID : B194A73F8F0A24728AD0**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Majority Committee, The**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305-2902

Purpose of Disbursement  
Contribution 2015

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : BA4EEDEF63C94A8BAB**

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

17500.00