



**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="2011"/>		78498.04
(b) Cash on Hand at Beginning of Reporting Period.....	115587.59	
(c) Total Receipts (from Line 19) .....	10882.70	114704.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	126470.29	193202.69
7. Total Disbursements (from Line 31).....	17900.00	84632.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	108570.29	108570.29
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 09 / 01 / 2011 To: 09 / 30 / 2011

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).....	9050.00	80463.00
(ii) Unitemized .....	1832.70	34241.65
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10882.70	114704.65
(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) .....	10882.70	114704.65
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))..... ▶	10882.70	114704.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10882.70	114704.65

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	12200.00	68200.00
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 .....	5700.00	16432.40
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)) ..	17900.00	84632.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17900.00	84632.40

**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) .....	10882.70	114704.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10882.70	114704.65
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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. LOUISE H TOBY-HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8221 S. CORAL CIRCLE  
 City NORTH LAUDERDALE State FL Zip Code 33068-4120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WEST BOCA MEDICAL CENTER Occupation DIR  
 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  
 09 / 16 / 2011  
**Transaction ID : 33927765**  
 Amount of Each Receipt this Period  
 250.00

**B. JAIKUMAR KRISHNASWAMY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13123 AVALANGE COURT  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR1025621126692**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. KEVIN MCCASLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5225 MAPLE AVENUE #4314  
 City DALLAS State TX Zip Code 75235-8449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR1026156826692**  
 Amount of Each Receipt this Period  
 192.00  
 P/R Deduction (\$96.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1001 SARANAC PARK

City State Zip Code  
PEACHTREE CITY GA 30269-1274

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

Name of Employer Occupation  
SOUTH FULTON MEDICAL CENTER COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2011  
**Transaction ID : PR1159116226692**

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 3803 STOCKTON LN

City State Zip Code  
DALLAS TX 75287-4919

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION DIR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2011  
**Transaction ID : PR1479664426692**

Amount of Each Receipt this Period  
40.00

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

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

Mailing Address 42 BARNEBURG

City State Zip Code  
DOVE CANYON CA 92679-4210

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP AND REGIONAL CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2011  
**Transaction ID : PR1481203526692**

Amount of Each Receipt this Period  
76.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<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 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  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **760.00**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : PR1568624526692**  
 Amount of Each Receipt this Period **76.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. 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  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **266.00**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : PR1568782026692**  
 Amount of Each Receipt this Period **38.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. 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  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **772.00**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : PR1592856026692**  
 Amount of Each Receipt this Period **78.00**  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>192.00</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 9 OF 42
	<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 NIEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1823 COUNTRYSIDE

City CARROLLTON State TX Zip Code 75007-1418

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR1592857426692**

Amount of Each Receipt this Period  
 38.00

P/R Deduction (\$19.00 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

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  
 09 / 30 / 2011

**Transaction ID : PR1592857726692**

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 404 N.CHURCH ST

City MCKINNEY State TX Zip Code 75069-3855

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR1592858226692**

Amount of Each Receipt this Period  
 90.00

P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	208.00
<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 10 OF 42
	<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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR1734839226692**

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 HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **835.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR1735529126692**

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 1808 FLINT RIDGE DR

City ALLEN State TX Zip Code 75002-1567

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

Name of Employer LAKE POINTE MEDICAL CENTER Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR1735905226692**

Amount of Each Receipt this Period  
**38.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **206.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
	<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. JEREMY L CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3336 SUNNIROC ROAD

City BIRMINGHAM State AL Zip Code 35210-3799

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

Name of Employer: BROOKWOOD MEDICAL CENTER Occupation: ASSOCIATE ADMINISTATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt: **09 / 30 / 2011**

**Transaction ID : PR1735911026692**

Amount of Each Receipt this Period: **60.00**

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

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

Mailing Address 1111 MONTCLAIR AVENUE

City DALLAS State TX Zip Code 75208-7114

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 ▼ **1920.00**

Date of Receipt: **09 / 30 / 2011**

**Transaction ID : PR1814798526692**

Amount of Each Receipt this Period: **192.00**

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

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

Mailing Address 4050 SPALDING DR

City ATLANTA State GA Zip Code 30350-1100

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

Name of Employer: SOUTH FULTON MEDICAL CENTER Occupation: CMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: **09 / 30 / 2011**

**Transaction ID : PR2069711426692**

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

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

**SUBTOTAL** of Receipts This Page (optional)..... **290.00**

**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 42
	<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) <b>A. MARK P LISA</b>			Date of Receipt
Mailing Address 391 E MILGEO AVE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : PR2174141226692</b>
RIPON	CA	95366-2120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.00"/>
Name of Employer	Occupation		
DOCTORS HOSPITAL OF MANTECA	CEO		
Receipt For:	Aggregate Year-to-Date ▼		P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="380.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ROBERT J CUNNAH</b>			Date of Receipt
Mailing Address 163 VILLAGIO WEST			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : PR2174361626692</b>
PALM SPRINGS	CA	92262-6395	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
DESERT REGIONAL MEDICAL CENTER	CMO		
Receipt For:	Aggregate Year-to-Date ▼		P/R Deduction (\$50.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. WADE TYRRELL</b>			Date of Receipt
Mailing Address 7844 ANNA CALLA WAY			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : PR2174470726692</b>
BARTLETT	TN	38133-5812	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		
SAINT FRANCIS HOSPITAL-BARTLETT	CNO		
Receipt For:	Aggregate Year-to-Date ▼		P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="780.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="216.00"/>
<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 42
	<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) <b>A. CATHRYN H FRASER</b>		Date of Receipt
Mailing Address 272 ENCLAVES COURT		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
COPPELL	TX	75019-2125
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR2174559926692</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.00"/>
Name of Employer	Occupation	P/R Deduction (\$96.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	SVP, HUMAN RESOURCES	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1920.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ALVIN W JOSEPHS</b>		Date of Receipt
Mailing Address 3717 HERWOL AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
WACO	TX	76710-7218
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR2174561226692</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	SR DIR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="780.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JOHN P LANDINO</b>		Date of Receipt
Mailing Address 911 LAKE BREEZE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
HIGHLAND VILLAGE	TX	75077-6491
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR2174561726692</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="273.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="348.00"/>
<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 14 OF 42
	<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. BIGGS C PORTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4535 MANNING LANE

City DALLAS	State TX	Zip Code 75220-6434
----------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation CHIEF FINANCIAL OFFICER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : PR2174563626692**

Amount of Each Receipt this Period  
200.00

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

**B. 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 ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : PR2174567326692**

Amount of Each Receipt this Period  
200.00

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

**C. PATRICIA SECHI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1850 S. OCEAN DRIVE #1802

City HALLANDALE BEACH	State FL	Zip Code 33009-7680
--------------------------	-------------	------------------------

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

Name of Employer NORTH SHORE MEDICAL CENTER	Occupation ASSOCIATE ADMINISTRATOR
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : PR2216476826692**

Amount of Each Receipt this Period  
38.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	438.00
<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 15 OF 42
	<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) <b>A. SALLY A HURT-STEFFEN</b>			Date of Receipt
Mailing Address 712 WALTHAM CT			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : PR2248480226692</b>
EL PASO	TX	79922-2128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="100.00"/>
Name of Employer	Occupation		P/R Deduction (\$50.00 Bi-Weekly)
SIERRA PROVIDENCE EASTSIDE HOSPITAL	CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
			<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. RUBEN O RODRIGUEZ</b>			Date of Receipt
Mailing Address 6905 VILLA HERMOSA			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : PR2248482526692</b>
EL PASO	TX	79912-2341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.00"/>
Name of Employer	Occupation		P/R Deduction (\$19.00 Bi-Weekly)
SIERRA PROVIDENCE EASTSIDE HOSPITAL	DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
			<input type="text" value="380.00"/>

Full Name (Last, First, Middle Initial) <b>C. RICHARD E GLANCEY</b>			Date of Receipt
Mailing Address 6516 VASCO WAY			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : PR2284144026692</b>
EL PASO	TX	79912-1709	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		P/R Deduction (\$39.00 Bi-Weekly)
SIERRA MEDICAL CENTER	DIR PUBLIC RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
			<input type="text" value="780.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="216.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. BRADLEY 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR2284285126692**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. DIANE KEENER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8140 SANTA ROSA ROAD  
 City ATASCADERO State CA Zip Code 93422-4942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TWIN CITIES COMMUNITY HOSPITAL Occupation DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR2284585526692**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. 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 ▼ 760.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR2369304326692**  
 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: PAGE 17 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DANNY WESTPHAL**  
 Mailing Address 1836 SABAL PALM DRIVE  
 City State Zip Code  
 BOCA RATON FL 33432-7427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FLORIDA MEDICAL CENTER CHIEF MEDICAL OFFICER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR2369343326692**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JOHN SHORT**  
 Mailing Address 3108 CLYMER DRIVE  
 City State Zip Code  
 PLANO TX 75025-5325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION VP - PMI  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR2387796626692**  
 Amount of Each Receipt this Period  
 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. PAUL CASTANON**  
 Mailing Address 6307 PRESTON PARKWAY  
 City State Zip Code  
 DALLAS TX 75205-1650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION VP & ASST GENERAL COUNSEL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR2398953026692**  
 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 42
	<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 **361.00**

Date of Receipt: 09 / 30 / 2011  
**Transaction ID : PR2428718426692**  
 Amount of Each Receipt this Period: **38.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MR MICHAEL R HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4241 VETERANS BLVD #200  
 City METAIRIE State LA Zip Code 70006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: DIAGNOSTIC IMAGING SERVICES Occupation: CEO DIS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **760.00**

Date of Receipt: 09 / 30 / 2011  
**Transaction ID : PR2440288726692**  
 Amount of Each Receipt this Period: **76.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. KELVIN BAGGETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5721 EDMONDSON ROAD PK #205  
 City NASHVILLE State TN Zip Code 37211-6563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: TENET HEALTHCARE CORPORATION Occupation: CHIEF MEDICAL OFFICER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **780.00**

Date of Receipt: 09 / 30 / 2011  
**Transaction ID : PR2444580826692**  
 Amount of Each Receipt this Period: **78.00**  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>192.00</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 19 OF 42
	<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. TYLER MURPHY**

Mailing Address 108 LONDONBERRY TERRACE

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/TREASURER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR2444580926692**

Amount of Each Receipt this Period  
 38.00

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

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES MIKE THATCHER**

Mailing Address 2904 CROOKED STICK

City PLANO State TX Zip Code 75093-6352

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR2460337926692**

Amount of Each Receipt this Period  
 38.00

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

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES M. COWLING**

Mailing Address 111 SUNSET COVE LANE

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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR2460338226692**

Amount of Each Receipt this Period  
 38.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<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 42
	<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) <b>A. DENISE BERGER</b>		Date of Receipt
Mailing Address 1504 COUNTRY BEND		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
SAINT CHARLES	MO	63303-2512
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>PR2492160326692</b>
DES PERES HOSPITAL	HOSPITAL COMPLIANCE OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="50.00"/>
		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. RONALD GROEPPER</b>		Date of Receipt
Mailing Address 21037 X STREET		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
ELKHORN	NE	68022-3127
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>PR2497625826692</b>
CREIGHTON UNIVERSITY MEDICAL CENTER	COO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	<input type="text" value="20.00"/>
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. LUIS ALFONSO</b>		Date of Receipt
Mailing Address 7 SW 97TH COURT		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
MIAMI	FL	33174-3527
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>PR2542051426692</b>
PALMETTO GENERAL HOSPITAL	PHARMACIST-CLINICAL	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1300.00"/>	<input type="text" value="100.00"/>
		P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="170.00"/>
<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 21 OF 42
	<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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR40676322692**

Amount of Each Receipt this Period  
 380.00

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR407201326692**

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

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  
 09 / 30 / 2011

**Transaction ID : PR407205126692**

Amount of Each Receipt this Period  
 32.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.00
<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 42
	<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) <b>A. STEVE BROWN</b>		Date of Receipt
Mailing Address 16 SARAH NASH CT		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75225-2072
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR40721062692</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="380.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	EVP, CHIEF INFO OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$190.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOHN B MCDONALD</b>		Date of Receipt
Mailing Address 2230 WARNER ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
FORT WORTH	TX	76110-1752
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR40721582692</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	VP	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="760.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SHERRY J HENDERSON</b>		Date of Receipt
Mailing Address 25 NIGHT HERON PL		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
HICKORY	NC	28601-8806
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR40721972692</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
FRYE REGIONAL MEDICAL CENTER	CFO	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="496.00"/>
<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 23 OF 42
	<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 1805 LONGWOOD CT

City ALLEN State TX Zip Code 75013-3074

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR407221526692**

Amount of Each Receipt this Period  
 380.00

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

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

Mailing Address 4006 RAMSGATE CT

City COLLEYVILLE State TX Zip Code 76034-4473

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR407222126692**

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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR407222826692**

Amount of Each Receipt this Period  
 100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	214.00
<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 42
	<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. CONLEY S CERVANTES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 819 CAMBRIDGE MANOR LANE  
 City COPPELL State TX Zip Code 75019-6105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR407224726692**  
 Amount of Each Receipt this Period 24.00  
 P/R Deduction (\$12.00 Bi-Weekly)

**B. DOUGLAS E RABE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9923 CAPRIDGE DR  
 City DALLAS State TX Zip Code 75238-3469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR407227326692**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. MICHAEL S HONGOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6704 WESTMONT DRIVE  
 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR407227626692**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<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 42
	<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 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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR407229226692**

Amount of Each Receipt this Period  
 384.00

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

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

Mailing Address 3014 CASTLE PINES DRIVE

City DULUTH State GA Zip Code 30097-2039

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

Name of Employer ATLANTA MEDICAL CENTER Occupation MARKET CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR407231826692**

Amount of Each Receipt this Period  
 40.00

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

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

Mailing Address 1138 PINE VALLEY ROAD

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 ▼ 1760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR407236026692**

Amount of Each Receipt this Period  
 76.00

P/R Deduction (\$38.00 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 26 OF 42
	<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. CHARLES MILLER**  
 Full Name (Last, First, Middle Initial)  
 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 MARKET CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR407241426692**  
 Amount of Each Receipt this Period  
 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JOHN F HOLLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3610 EDGEWATER STREET  
 City State Zip Code  
 DALLAS TX 75205-4317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION SVP, REGIONAL OPERATIONS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR407242926692**  
 Amount of Each Receipt this Period  
 192.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**C. JAMES D DORIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 264 IDLEWILDE LANE  
 City State Zip Code  
 SANFORD NC 27332-9304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CENTRAL CAROLINA HOSPITAL CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR407244826692**  
 Amount of Each Receipt this Period  
 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 42
	<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. RALPH ALEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6301 COLLINS AVE #2608

City MIAMI BEACH State FL Zip Code 33141-4645

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

Name of Employer HIALEAH HOSPITAL Occupation CEO

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  
 09 / 30 / 2011

**Transaction ID : PR407245326692**

Amount of Each Receipt this Period  
 400.00

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

**B. 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 ▼ 1920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR407250426692**

Amount of Each Receipt this Period  
 192.00

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

**C. STEPHEN L NEWMAN MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11034 TIBBS STREET

City DALLAS State TX Zip Code 75230-3450

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF OPERATING OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : PR407257726692**

Amount of Each Receipt this Period  
 384.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	616.00
<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 28 OF 42
	<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. ALAN R CASON**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 GOLDEN PHEASANT ST

City SLIDELL State LA Zip Code 70461-3116

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

Name of Employer NORTHSHORE REGIONAL MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 389.00

Date of Receipt 09 / 30 / 2011  
Transaction ID : PR407263526692

Amount of Each Receipt this Period 38.00

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

**B. 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 ▼ 700.00

Date of Receipt 09 / 30 / 2011  
Transaction ID : PR407265626692

Amount of Each Receipt this Period 70.00

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

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

Mailing Address 1855 SILVERWINGS CT

City MORGAN HILL State CA Zip Code 95037-9002

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

Name of Employer COMMUNITY HOSPITAL OF LOS GATOS Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2011  
Transaction ID : PR407266426692

Amount of Each Receipt this Period 60.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 168.00

**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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MICHELE C MEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 GRIMSLEY STAT BLUFF  
 City SAINT LOUIS State MO Zip Code 63129-5030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DES PERES HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR407268526692**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. CRAIG C ARMIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23510 BERDON STREET  
 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR407274126692**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. KENT G CLAYTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 TURTLE BAY DRIVE  
 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 ▼ 760.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR407278126692**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 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 30 OF 42
	<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) <b>A. GARY J SLOAN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : PR407278826692</b>
Mailing Address 615 STEVENS CT		Amount of Each Receipt this Period 380.00
City DANVILLE	State CA	Zip Code 94506-4805
FEC ID number of contributing federal political committee. C		
Name of Employer SAN RAMON REGION MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. CANDACE MARKWITH</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : PR407280326692</b>
Mailing Address 980 ISABELLA WAY		Amount of Each Receipt this Period 78.00
City SAN LUIS OBISPO	State CA	Zip Code 93405-6186
FEC ID number of contributing federal political committee. C		
Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 774.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. RODNEY A REASONER</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : PR407280926692</b>
Mailing Address 1960 MARY LEE LN		Amount of Each Receipt this Period 76.00
City ALLEN	State TX	Zip Code 75002-8528
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 31 OF 42  
(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. MICHELE M FINNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21521 TURTLEDOVE STREET  
 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 ▼  
 760.00

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : PR407283926692**  
 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 State Zip Code  
 PALM SPRINGS CA 92264-9638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DESERT REGIONAL MEDICAL CENTER COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : PR407288726692**  
 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 State Zip Code  
 TEMPLETON CA 93465-8371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TWIN CITIES COMMUNITY HOSPITAL CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 386.00

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : PR413941926692**  
 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 32 OF 42
	<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. 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR839152226692**  
 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 COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR839173326692**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. PATRICIA C JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4616 LARGO DR.  
 City FLOWER MOUND State TX Zip Code 75028-3936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP HUMAN RESOURCES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR839196426692**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.00
<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 33 OF 42
	<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. EDWARD MESCO**

Mailing Address 7365 NW 54TH STREET

City LAUDERHILL State FL Zip Code 33319-6346

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR83947782692**

Amount of Each Receipt this Period  
50.00

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

Full Name (Last, First, Middle Initial)  
**B. KEM M MULLINS**

Mailing Address 10101 FRENCH SPRINGS RD

City LAKELAND State TN Zip Code 38002-8425

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

Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR839557426692**

Amount of Each Receipt this Period  
38.00

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

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

Mailing Address 702 PENFOLDS

City COPPELL State TX Zip Code 75019-4544

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : PR840566926692**

Amount of Each Receipt this Period  
384.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	472.00
<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 34 OF 42
	<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) <b>A. DREW P KAHN</b>		Date of Receipt
Mailing Address 16015 KEMPTON PARK		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
SPRING	TX	77379-6730
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR840590426692</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="760.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
HOUSTON NW MEDICAL CENTER	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="760.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DEBORAH DALEY</b>		Date of Receipt
Mailing Address PO BOX 757		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
EDGEWOOD	TX	75117-0757
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR840706226692</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	P/R Deduction (\$20.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	ADMINISTRATIVE ASSISTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CRYSTAL L HAYNES</b>		Date of Receipt
Mailing Address 3924 FLORA PLACE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
ST. LOUIS	MO	63110-3733
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR840796026692</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
SAINTE LOUIS UNIVERSITY HOSPITAL	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="780.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="194.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DAVID 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR840924626692**  
 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 COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR841446726692**  
 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 ▼ 2997.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR841482526692**  
 Amount of Each Receipt this Period 666.00  
 P/R Deduction (\$333.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	784.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. HUILING ZHANG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 DANIEL AVE  
 City DALLAS State TX Zip Code 75205-1515  
 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 ▼ 380.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR841724226692**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. 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 COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR842232426692**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$75.00 Bi-Weekly)

**C. 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR842373126692**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 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 37 OF 42
	<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. 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 CHILDREN Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR843874926692**

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 7710 CENTER BAY DR

City NORTH BAY VILLAGE State FL Zip Code 33141-4019

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR844477226692**

Amount of Each Receipt this Period 76.00

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

**C. 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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR844644426692**

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 38 OF 42
	<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) <b>A. STEVEN B BARR</b>		Date of Receipt 09 / 30 / 2011 <b>Transaction ID : PR844656626692</b>
Mailing Address 1300 BINZ		Amount of Each Receipt this Period 38.00
City HOUSTON	State TX	Zip Code 77004-7016
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer PLAZA SPECIALTY HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. THOMAS I RUNKLE</b>		Date of Receipt 09 / 30 / 2011 <b>Transaction ID : PR844712826692</b>
Mailing Address 868B PENNOCK ST		Amount of Each Receipt this Period 38.00
City PHILADELPHIA	State PA	Zip Code 19130-1234
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL	Occupation DIRECTOR OF OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL J KING</b>		Date of Receipt 09 / 30 / 2011 <b>Transaction ID : PR847417826692</b>
Mailing Address 2713 STUYVESANT CR		Amount of Each Receipt this Period 38.00
City MODESTO	State CA	Zip Code 95356-0337
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer DOCTORS MEDICAL CENTER-MODESTO	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<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 39 OF 42
	<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. 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 ▼ 380.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR847970126692**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. 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 ▼ 380.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR849126626692**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. 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 ▼ 760.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR849790226692**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9050.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Allyson Schwartz For Congress**

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
2012 Primary

Candidate Name

**Rep. Allyson Schwartz**

Office Sought:  House  
 Senate  
 President  
State: PA District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 33770472**

Amount of Each Disbursement this Period

2012 Primary

Full Name (Last, First, Middle Initial)

**B. Pat Meehan For Congress**

Mailing Address P.O. Box 308

City State Zip Code  
Drexel Hill PA 19026

Purpose of Disbursement  
2012 Primary

Candidate Name

**Rep. Patrick Meehan**

Office Sought:  House  
 Senate  
 President  
State: PA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 33770484**

Amount of Each Disbursement this Period

2012 Primary

Full Name (Last, First, Middle Initial)

**C. Federation of American Hospitals PAC (FedPAC)**

Mailing Address 750 9th Street, NW  
Suite 600

City State Zip Code  
Washington DC 20001

Purpose of Disbursement  
2011 Contribution

Candidate Name

**Federation of American Hospitals PAC (FedPAC)**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 33770937**

Amount of Each Disbursement this Period

2011 Contribution

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

**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. PAC for a Change**

Mailing Address 137 Entrada Drive  
Suite 3

City Santa Monica State CA Zip Code 90402

Purpose of Disbursement  
2011 Contribution

011

Category/  
Type

Candidate Name

**PAC for a Change**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2011

**Transaction ID : 33790938**

Amount of Each Disbursement this Period

200.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**B. Eric PAC**

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2011 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 33811877**

Amount of Each Disbursement this Period

2500.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. The Reyes Committee Inc.**

Mailing Address 1011 Montana Avenue

City El Paso State TX Zip Code 79902

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Rep. Silvestre Reyes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 16

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2011

**Transaction ID : 33824247**

Amount of Each Disbursement this Period

2500.00

2012 Primary

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

5200.00

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

12200.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Antonio Parkinson**

Mailing Address P.O. Box 181453

City Memphis State TN Zip Code 38168

Purpose of Disbursement Antonio Parkinson, STATE HOUSE 98th TN

011

Candidate Name

**TN Rep. Antonio Parkinson**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TN District: 98

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2011

**Transaction ID : 33770482**

Amount of Each Disbursement this Period

250.00

Antonio Parkinson, STATE HOUSE 98th TN

Full Name (Last, First, Middle Initial)

**B. Hospital & Healthsystem Association of PA PAC**

Mailing Address P.O. Box 2335

City Harrisburg State PA Zip Code 17105-2335

Purpose of Disbursement 2011 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2011

**Transaction ID : 33770483**

Amount of Each Disbursement this Period

5000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. Burke Harr for Legislature**

Mailing Address 1414 Harney Street, #408

City Omaha State NE Zip Code 68102

Purpose of Disbursement Burke Harr, STATE SENATE 8th NE

011

Candidate Name

**NE Sen. Burke Harr**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 33811876**

Amount of Each Disbursement this Period

250.00

Burke Harr, STATE SENATE 8th NE

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

5500.00

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

5500.00