

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
TENET HEALTHCARE CORPORATION PAC

ADDRESS (number and street) 13737 Noel Road, Suite 100
 Check if different than previously reported. (ACC)
Dallas TX 75240

2. **FEC IDENTIFICATION NUMBER** C00119354
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of _____

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Todd Plott

Signature of Treasurer Electronically Filed by Todd Plott Date 12 03 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25980.69
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	24805.82									
(c) Total Receipts (from Line 19)	4242.52	53661.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29048.34	79642.04								
7. Total Disbursements (from Line 31)	5500.00	56093.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23548.34	23548.34								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	3971.52	33888.51
(i) Itemized (use Schedule A)		
(ii) Unitemized	271.00	19772.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4242.52	53661.35
(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)	4242.52	53661.35
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4242.52	53661.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4242.52	53661.35

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	37750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2500.00	18343.70
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5500.00	56093.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	56093.70

DETAILED SUMMARY PAGE
of Disbursements

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)	4242.52	53661.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4242.52	53661.35
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 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
ELIZABETH LAMKIN

Mailing Address 31 WICKLOW DRIVE

City State Zip Code
HILTON HEAD SC 29928-3354

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

Name of Employer Occupation
HILTON HEAD HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1025760420838

Amount of Each Receipt this Period
40.00

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

B. Full Name (Last, First, Middle Initial)
MITCH EDGEWORTH

Mailing Address 2613 RANCHVIEW DRIVE

City State Zip Code
RICHARDSON TX 75082-5200

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

Name of Employer Occupation
DOCTORS HOSPITAL-DALLAS CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1026318820838

Amount of Each Receipt this Period
40.00

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

C. Full Name (Last, First, Middle Initial)
MARY ANN T RAILEY

Mailing Address 20230 PINGREE WAY

City State Zip Code
YORBA LINDA CA 92887-3257

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

Name of Employer Occupation
PLACENTIA LINDA HOSPITAL ASSOCIATE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1461493120838

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) SHELLEY GILES		Date of Receipt
	Mailing Address 3803 STOCKTON LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	DALLAS	TX	75287-4919
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1479664420838
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 480.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) STEPHEN M MOONEY		Date of Receipt
	Mailing Address 4619 BRIAR OAKS CR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	DALLAS	TX	75287-7503
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1481199220838
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 480.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JANIS THAYER		Date of Receipt
	Mailing Address 1735 CRIMSON TERRACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	BRENTWOOD	CA	94513-2618
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1481210620838
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL 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 8 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) MICHAEL K BURTNETT	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 3405 HOWELL ST#9	Transaction ID: PR1568624520838
	City State Zip Code DALLAS TX 75204-2828	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT- VICE PRESIDENT ION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) THOMAS RICE	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 15126 FERDINAND DR	Transaction ID: PR1592856020838
	City State Zip Code DALLAS TX 75248-6437	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT- SVP ION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 912.00	P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CHARLES CONKLIN	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 3901 HEARST CASTLE WAY	Transaction ID: PR1592857220838
	City State Zip Code PLANO TX 75025-2011	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT- VP ION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	136.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 37
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)
RICKY JOHNSTON

Mailing Address 404 N.CHURCH ST

City MCKINNEY State TX Zip Code 75069

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR1592858220838

Amount of Each Receipt this Period 60.00

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

B.

Full Name (Last, First, Middle Initial)
WEBB COCHRAN

Mailing Address 3961 ST. CLAIRE CT

City ATLANTA State GA Zip Code 30319

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 ▼ 240.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR1594942620838

Amount of Each Receipt this Period 20.00

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

C.

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

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 ▼ 240.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR1735905220838

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) DANIEL WALDMANN	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 2001 19TH STREET NW #5	Transaction ID: PR1814798520838
	City State Zip Code WASHINGTON DC 20009-1346	Amount of Each Receipt this Period 160.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORATION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1920.00	P/R Deduction (\$80.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) GREGORY S MANIS	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1944 S CLUB DR	Transaction ID: PR2070027420838
	City State Zip Code WELLINGTON FL 33414-9088	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST. MARY'S MEDICAL CENTER COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MARK P LISA	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 391 E MILGEO AVE	Transaction ID: PR2174141220838
	City State Zip Code RIPON CA 95366-2120	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DOCTORS HOSPITAL OF MANTE-CA CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$25.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) LINDA OLLIS	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 2717 COUNTRY CLUB AVE	Transaction ID: PR2174254220838
	City OMAHA State NE Zip Code 68104-4222	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CREIGHTON UNIVERSITY MEDICAL CENTER Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 240.00	P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ROBERT J CUNNAH	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 163 VILLAGIO WEST	Transaction ID: PR2174361620838
	City PALM SPRINGS State CA Zip Code 92262-6395	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CMO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1200.00	P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) HENRY T HUDSON III	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 49150 GILA RIVER DRIVE	Transaction ID: PR2174385920838
	City INDIO State CA Zip Code 92201-8846	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	140.00
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 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) DENNIS MLITOS		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address 3204 GREENGATE DR		Transaction ID: PR2174541520838		
	City MODESTO	State CA	Zip Code 95355-8446	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DOCTORS MEDICAL CENTER-MODESTO	Occupation CEO	Aggregate Year-to-Date 480.00		

Receipt For:
 Primary General
 Other (specify) ▼

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

B.	Full Name (Last, First, Middle Initial) BRUCE MEARS		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address 10312 ARVIN HILL RD		Transaction ID: PR2174562620838		
	City AUBREY	State TX	Zip Code 76227-6847	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR	Aggregate Year-to-Date 240.00		

Receipt For:
 Primary General
 Other (specify) ▼

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

C.	Full Name (Last, First, Middle Initial) WENDY TISCHLER		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address 5921 MALMESBURY RD		Transaction ID: PR2174565820838		
	City DALLAS	State TX	Zip Code 75252-4206	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	Aggregate Year-to-Date 240.00		

Receipt For:
 Primary General
 Other (specify) ▼

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

SUBTOTAL of Receipts This Page (optional)	▶	80.00
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 13 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

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

Mailing Address 107 WATERMAN

City State Zip Code
IRVINE CA 92602-1654

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR2174566420838

Amount of Each Receipt this Period
20.00

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

B. Full Name (Last, First, Middle Initial)
ERIC BURCH

Mailing Address 7085 CRYSTALLINE DRIVE

City State Zip Code
CARLSBAD CA 92011-3968

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR2174566620838

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 27 NEW DAWN

City State Zip Code
IRVINE CA 92620-1976

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SVP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR2174567320838

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
LARRY J AUSTIN

Mailing Address 14342 CLUB CIRCLE

City State Zip Code
ALPHARETTA GA 30004-4361

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

Name of Employer Occupation
NORTH FULTON REGIONAL HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR2202087220838

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 111 RIGHTERS MILL RD

City State Zip Code
PENN VALLEY PA 19072-1312

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

Name of Employer Occupation
HAHNEMANN UNIVERSITY HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 456.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR406763220838

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 12213 PARK BEND DR

City State Zip Code
DALLAS TX 75230-2364

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR407201320838

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) ► **118.00**

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 15 / 37

(check only one)

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)
ROBERT J SCHWEBEL

Mailing Address 5331 E. MOCKINGBIRD 613

City State Zip Code
DALLAS TX 75206-0911

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

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR407203420838

Amount of Each Receipt this Period

20.00

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

B.

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

Mailing Address 2613 MILLINGTON DRIVE

City State Zip Code
PLANO TX 75093-3560

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

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR407205120838

Amount of Each Receipt this Period

32.00

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

C.

Full Name (Last, First, Middle Initial)
HANK D IRICK JR.

Mailing Address 3305 ELAM CT

City State Zip Code
PLANO TX 75093-8087

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

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR407205820838

Amount of Each Receipt this Period

20.00

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

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) WILLIAM R WATTS		Date of Receipt
	Mailing Address 7504 DANFIELD CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	DALLAS	TX	75252-6823
	FEC ID number of contributing federal political committee.		Transaction ID: PR407209420838
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation SR DIR	P/R Deduction (\$10.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	

B.	Full Name (Last, First, Middle Initial) STEVE BROWN		Date of Receipt
	Mailing Address 16 SARAH NASH CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	DALLAS	TX	75225-2072
	FEC ID number of contributing federal political committee.		Transaction ID: PR407210620838
		Amount of Each Receipt this Period	<input type="text"/> 200.00
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation EVP	P/R Deduction (\$100.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 2400.00	

C.	Full Name (Last, First, Middle Initial) CRAIG E SIMS		Date of Receipt
	Mailing Address 4515 MANNING LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	DALLAS	TX	75220-6434
	FEC ID number of contributing federal political committee.		Transaction ID: PR407211620838
		Amount of Each Receipt this Period	<input type="text"/> 38.46
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	P/R Deduction (\$19.23 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 461.52	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 258.46
TOTAL 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 17 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) JOHN B MCDONALD	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 2230 WARNER ROAD	Transaction ID: PR407215820838
	City State Zip Code FORT WORTH TX 76110-1752	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation VP	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.	Full Name (Last, First, Middle Initial) WAYNE E COBB	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 4001 ORCHID LANE	Transaction ID: PR407216420838
	City State Zip Code MANSFIELD TX 76063-5577	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation MGR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) TERESA L HUSKEY	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 4333 PERSHING AVE	Transaction ID: PR407218620838
	City State Zip Code FT WORTH TX 76107-4243	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation SR DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	80.00
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 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) SHERRY J HENDERSON		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 25 NIGHT HERON PL		Transaction ID: PR407219720838
	City HICKORY	State NC	Zip Code 28601-8806
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer FRYE REGIONAL MEDICAL CENTER	Occupation CFO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

B.	Full Name (Last, First, Middle Initial) JAMES E MCPARTLAND		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1805 LONGWOOD CT		Transaction ID: PR407221520838
	City ALLEN	State TX	Zip Code 75013-3074
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		

C.	Full Name (Last, First, Middle Initial) JOE D THOMASON		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 4006 RAMSGATE CT		Transaction ID: PR407222120838
	City COLLEYVILLE	State TX	Zip Code 76034-4473
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation CEO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) ROBERT S HENDLER	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 11122 W RICKS CIRCLE	Transaction ID: PR407222820838
	City State Zip Code DALLAS TX 75230-3032	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION REGIONAL CMO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) RHONDA ROGERS	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 261 CR 2153	Transaction ID: PR407224420838
	City State Zip Code NACOGDOCHES TX 75965	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NACOGDOCHES MEDICAL CENTER CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CONLEY S CERVANTES	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 819 CAMBRIDGE MANOR LANE	Transaction ID: PR407224720838
	City State Zip Code COPPELL TX 75019-6105	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00	P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	144.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
GARY ROBINSON

Mailing Address 3030 MCKINNEY AVE #1701

City State Zip Code
DALLAS TX 75204-7410

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DEPUTY GENERAL COUNSEL
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR407225820838

Amount of Each Receipt this Period
40.00

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

B. Full Name (Last, First, Middle Initial)
DOUGLAS E RABE

Mailing Address 9923 CAPRIDGE DR

City State Zip Code
DALLAS TX 75238-3469

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR407227320838

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 6704 WESTMONT DRIVE

City State Zip Code
COLLEYVILLE TX 76034-7263

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR407227620838

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 21 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

<p>A. Full Name (Last, First, Middle Initial) WILLIAM T MOORE</p> <p>Mailing Address 3014 CASTLE PINES DRIVE</p> <p>City DULUTH State GA Zip Code 30097-2039</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer ATLANTA MEDICAL CENTER Occupation MARKET CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8</p> <p>Transaction ID: PR407231820838</p> <p>Amount of Each Receipt this Period 40.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) MAXINE T COOPER</p> <p>Mailing Address 19401 SANDPEBBLE CR</p> <p>City HUNTINGTON BEACH State CA Zip Code 92648-2110</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 460.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8</p> <p>Transaction ID: PR407233320838</p> <p>Amount of Each Receipt this Period 40.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) GARRY M OLNEY</p> <p>Mailing Address 2708 ISLAND LEDGE COVE</p> <p>City AUSTIN State TX Zip Code 78746-1982</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8</p> <p>Transaction ID: PR407234320838</p> <p>Amount of Each Receipt this Period 40.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) JOHN QUINN	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1138 PINE VALLEY ROAD	Transaction ID: PR407236020838
	City State Zip Code GRIFFIN GA 30224-4953	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SPALDING REGIONAL HOSPITAL CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JOHN F HOLLAND	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 3610 EDGEWATER STREET	Transaction ID: PR407242920838
	City State Zip Code DALLAS TX 75205-4317	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	P/R Deduction (\$96.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) WILLIAM C HENNING	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 5415 STONE CANYON DR	Transaction ID: PR407244720838
	City State Zip Code FRISCO TX 75034-2220	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CENTENNIAL MEDICAL CENTER CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	252.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) JAMES D DORIS	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 264 IDLEWILDE LANE	Transaction ID: PR407244820838
	City State Zip Code SANFORD NC 27332-9304	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Bi-Weekly)
	Name of Employer Occupation CENTRAL CAROLINA HOSPITAL CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

B.	Full Name (Last, First, Middle Initial) RALPH ALEMAN	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 6301 COLLINS AVE #2608	Transaction ID: PR407245320838
	City State Zip Code MIAMI BEACH FL 33141-4645	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation HIALEAH HOSPITAL CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) ALEX CONTRERAS-SOTO	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 3363 SW 180 WAY	Transaction ID: PR407246920838
	City State Zip Code MIRAMAR FL 33029-1639	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation PALMETTO GENERAL HOSPITAL COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) GARRY L GAUSE	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1150 LAKE COLANY LANE	Transaction ID: PR407248720838
	City State Zip Code VESTAVIA HILLS AL 35242-7423	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BROOKWOOD MEDICAL CENTER CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) DAVID L ARCHER	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 2594 HOCKSETT COVE	Transaction ID: PR407250420838
	City State Zip Code GERMANTOWN TN 38139-6655	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SAINT FRANCIS HOSPITAL MARKET CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) SUELLEN SMITH	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 84 TIERRA VISTA LANE	Transaction ID: PR407254520838
	City State Zip Code PASO ROBLES CA 93446-9702	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORATION SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	120.00
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 25 / 37
(check only one)

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial) PAMELA J BUXTON		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 77-532 BURRUS COURT		Transaction ID: PR407255320838
City PALM DESERT	State CA	Zip Code 92211-0485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer JOHN F. KENNEDY MEMORIAL HOSPITAL	Occupation CNO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) STEPHEN L NEWMAN MD, MD		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 11034 TIBBS STREET		Transaction ID: PR407257720838
City DALLAS	State TX	Zip Code 75230-3450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.00
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation CHIEF OPERATING OFFICER	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4608.00	

C.

Full Name (Last, First, Middle Initial) ALAN E HODGES		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 231 COIN DU LESTIN		Transaction ID: PR407262120838
City SLIDELL	State LA	Zip Code 70460-3509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer NORTHSHORE REGIONAL MEDIC-AL CENTER	Occupation COO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	424.00
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 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) ALAN R CASON	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 112 GOLDEN PHEASANT ST	Transaction ID: PR407263520838
	City State Zip Code SLIDELL LA 70461-3116	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NORTHSHORE REGIONAL MEDICAL CENTER	Occupation CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.	Full Name (Last, First, Middle Initial) GARY L HONTS	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1855 SILVERWINGS CT	Transaction ID: PR407266420838
	City State Zip Code MORGAN HILL CA 95037-9002	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer COMMUNITY HOSPITAL OF LOS GATOS	Occupation CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) MICHELE C MEYER	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 230 GRIMSLEY STAT BLUFF	Transaction ID: PR407268520838
	City State Zip Code SAINT LOUIS MO 63129-5030	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	
Name of Employer DES PERES HOSPITAL	Occupation CEO	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

SUBTOTAL of Receipts This Page (optional)	118.00
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 27 / 37
(check only one)

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)
PAUL D ECHELARD

Mailing Address 1167 HILLSBORO MILE#614

City HillsBORO BEACH State FL Zip Code 33062-1618

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

Name of Employer GOOD SAMARITAN MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 11 / 24 / 2008
Transaction ID: PR407270920838
Amount of Each Receipt this Period 38.46
P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
SAMUEL G HARRIS

Mailing Address 933 HAVENHURST

City WEST HOLLYWOOD State CA Zip Code 90046-6919

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 ▼ 240.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR407271120838
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C.

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

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 ▼ 600.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR407274120838
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 108.46

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) KENT G CLAYTON	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 3 TURTLE BAY DRIVE	Transaction ID: PR407278120838
	City State Zip Code NEWPORT BEACH CA 92660-4266	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PLACENTIA LINDA HOSPITAL CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) KAREN GULBENKIAN	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 2847 CALLE HERALDO	Transaction ID: PR407278720838
	City State Zip Code SAN CLEMENTE CA 92673-3534	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CANDACE MARKWITH	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 980 ISABELLA WAY	Transaction ID: PR407280320838
	City State Zip Code SAN LUIS OBISPO CA 93405-6186	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SIERRA VISTA REGIONAL MED-ICAL CENTER CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
MICHELE M FINNEY

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 ▼ 480.00

Date of Receipt: 11 / 24 / 2008
Transaction ID: PR407283920838
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 516 GALLEON WAY

City State Zip Code
SEAL BEACH CA 90740-5939

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

Name of Employer Occupation
USC UNIVERSITY HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 24 / 2008
Transaction ID: PR411334320838
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
RICK LYONS

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 ▼ 240.00

Date of Receipt: 11 / 24 / 2008
Transaction ID: PR413941920838
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) EDWIN BODE		Date of Receipt
	Mailing Address 9597 GOTTEN WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	GERMANTOWN	TN	38139-5657
	FEC ID number of contributing federal political committee.		Transaction ID: PR839296520838
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer SAINT FRANCIS HOSPITAL		Occupation CFO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 240.00		

B.	Full Name (Last, First, Middle Initial) EDWARD MESCO		Date of Receipt
	Mailing Address 7365 NW 54TH STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	LAUDERHILL	FL	33319-6346
	FEC ID number of contributing federal political committee.		Transaction ID: PR839477820838
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 600.00		

C.	Full Name (Last, First, Middle Initial) NORMA A ZERINGUE		Date of Receipt
	Mailing Address 5757 SOUTHWESTERN BLVD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	DALLAS	TX	75209-3437
	FEC ID number of contributing federal political committee.		Transaction ID: PR840530320838
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 240.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 90.00
TOTAL 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 31 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) AUDREY T ANDREWS		Date of Receipt
	Mailing Address 702 PENFOLDS		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	COPPELL	TX	75019-4544
	FEC ID number of contributing federal political committee.		Transaction ID: PR840566920838
		Amount of Each Receipt this Period	<input type="text"/> 40.00
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 480.00	

B.	Full Name (Last, First, Middle Initial) VIOLETA L MAZZELLA		Date of Receipt
	Mailing Address 8816 CANYON LANDS DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	PLANO	TX	75025-4221
	FEC ID number of contributing federal political committee.		Transaction ID: PR841454320838
		Amount of Each Receipt this Period	<input type="text"/> 32.00
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation MGR	P/R Deduction (\$16.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 384.00	

C.	Full Name (Last, First, Middle Initial) HOAI-SON L NGUYEN		Date of Receipt
	Mailing Address 303 PRINCE ALBERT CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	RICHARDSON	TX	75081-5059
	FEC ID number of contributing federal political committee.		Transaction ID: PR841515820838
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 92.00
TOTAL 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 32 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) BRIAN REILLY		Date of Receipt
	Mailing Address 55 PARRY DR		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	HAINESPORT	NJ	08036-4881
	FEC ID number of contributing federal political committee.		Transaction ID: PR843214420838
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer HAHNEMANN UNIVERSITY HOSP-ITAL		Occupation CFO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

B.	Full Name (Last, First, Middle Initial) BARBARA H ZURZOLO		Date of Receipt
	Mailing Address 13 GREENBRIAR LANE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PAOLI	PA	19301-1907
	FEC ID number of contributing federal political committee.		Transaction ID: PR843854920838
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer REGIONAL EXECUTIVE		Occupation SR. MANAGING COUNSEL	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

C.	Full Name (Last, First, Middle Initial) SUZANNE KOZEL		Date of Receipt
	Mailing Address 161 MEADOW RIDGE LN		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CHAPEL HILL	NC	27517-8847
	FEC ID number of contributing federal political committee.		Transaction ID: PR843980420838
		Amount of Each Receipt this Period	<input type="text" value="38.60"/>
Name of Employer CAROLINA CROSSROADS SURG		Occupation DIR	P/R Deduction (\$19.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="463.20"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="78.60"/>
TOTAL 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 33 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 5412 GLENSHIRE DR	Transaction ID: PR844644420838
	City State Zip Code PLANO TX 75093-2800	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) LYNNE SCROGGINS	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 3777 PEACHTREE RD NE 632	Transaction ID: PR844786220838
	City State Zip Code ATLANTA GA 30319-5209	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer ATLANTA MEDICAL CENTER	Occupation ASSOCIATE ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) IRENE CHAVEZ	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1340 LOMA VERDE	Transaction ID: PR846339320838
	City State Zip Code EL PASO TX 79936-7811	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer PROVIDENCE MEMORIAL HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) SCOTT A RIFKIN	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 2188 ASPEN	Transaction ID: PR846690220838
	City State Zip Code TUSTIN CA 92782-8339	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LOS ALAMITOS MEDICAL CENTER COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ERIC M DELGADO	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 4734 BRIERCREST AVE.	Transaction ID: PR846888220838
	City State Zip Code LAKEWOOD CA 90713-2312	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation IRVINE REGIONAL HOSPITAL MEDICAL CENTE CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) TERRY MURPHY	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 179 NIBLICK RDPMB348	Transaction ID: PR849021420838
	City State Zip Code PASO ROBLES CA 93446-4845	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TWIN CITIES COMMUNITY HOSPITAL CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	60.00
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 35 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) JAMES CLEMENTS		Date of Receipt
	Mailing Address 3013 GOLF CREST LANE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	WOODSTOCK	GA	30189-8197
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation ASSOC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	Transaction ID: PR849790220838
			Amount of Each Receipt this Period <input type="text" value="40.00"/>
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="40.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3971.52"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 37

<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 PAC

A. Full Name (Last, First, Middle Initial) Klein For Congress Mailing Address 2118 North Federal Highway City Boca Raton State FL Zip Code 33431 Purpose of Disbursement Candidate Name Congressma Ronald Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28862172 Date of Disbursement 10 / 31 / 2008
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Chambliss For Senate Mailing Address Post Office Box 12469 City Atlanta State GA Zip Code 30355 Purpose of Disbursement Saxby Chambliss, US Senate (GA) Candidate Name Sen. Saxby Chambliss Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28911759 Date of Disbursement 11 / 21 / 2008
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

3000.00

**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)

PAGE 37 / 37

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Ken Paxton Campaign Fund

Transaction ID: 28871221
Date of Disbursement

Mailing Address 4100 West El Dorado Parkway
Suite 100-198

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

City McKinney State TX Zip Code 75070

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Ken Paxton, STATE HOUSE 70th TX

011
Category/ Type

Candidate Name
TX Rep. Ken Paxton

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: TX District: 70

Ken Paxton, STATE HOUSE
70th TX

B.

Full Name (Last, First, Middle Initial)
Coleman for Senate 08 Recount Fund

Transaction ID: 28903987
Date of Disbursement

Mailing Address 680 Transfer Road, Suite A

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

City St. Paul State MN Zip Code 55114

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Recount2008

Category/ Type

Candidate Name
Norm Coleman

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

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00
