

**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="2013"/>		118968.39
(b) Cash on Hand at Beginning of Reporting Period.....	110676.39	
(c) Total Receipts (from Line 19)	9931.00	29529.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	120607.39	148497.39
7. Total Disbursements (from Line 31).....	3500.00	31390.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	117107.39	117107.39
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6080.30	10244.60
(ii) Unitemized	3850.70	19284.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9931.00	29529.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9931.00	29529.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9931.00	29529.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9931.00	29529.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	25500.00
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	390.00
(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	390.00
29. Other Disbursements	0.00	5400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3500.00	31390.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	31390.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9931.00	29529.00
34. Total Contribution Refunds (from Line 28(d))	0.00	390.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9931.00	29139.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	100.00
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	100.00

**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 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. KEVIN MCCASLIN
Full Name (Last, First, Middle Initial)

Mailing Address 1415 Main St
Apt 1403

City Dallas State TX Zip Code 75202-4108

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt **03 / 23 / 2013**

Transaction ID : AA0474E78111F44BBB85

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 1221 Wentwood Dr

City Irving State TX Zip Code 75061-4456

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **03 / 23 / 2013**

Transaction ID : AB84EB0BFCAD44B73844

Amount of Each Receipt this Period **150.00**

Payroll Deduction: \$75.00/Bi-Weekly

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

Mailing Address 3201 Wentwood Dr

City Dallas State TX Zip Code 75225-4845

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation PRESIDENT OF HOSPITAL OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **03 / 23 / 2013**

Transaction ID : AAA549EF9BFC642B8866

Amount of Each Receipt this Period **192.30**

Payroll Deduction: \$96.15/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **534.30**

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

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

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

FOR LINE NUMBER: PAGE 7 OF 23
(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. STEVE BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Sarah Nash Ct
 City Dallas State TX Zip Code 75225-2072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation EVP, CHIEF INFO OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 03 / 23 / 2013
Transaction ID : AE2D5CDE614C143CB972
 Amount of Each Receipt this Period 380.00
 Payroll Deduction: \$190.00/Bi-Weekly

B. DANIEL WALDMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 N Montclair Ave
 City Dallas State TX Zip Code 75208-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOVERNMENT RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A43CF5E74799A41BEA58
 Amount of Each Receipt this Period 192.00
 Payroll Deduction: \$96.00/Bi-Weekly

C. TREVOR FETTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3821 Beverly Dr
 City Dallas State TX Zip Code 75205-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO AND PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1665.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A03F3B96A60134865AD6
 Amount of Each Receipt this Period 666.00
 Payroll Deduction: \$333.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1238.00
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 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ROBERT J CUNNAH
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 Villaggio W
 City State Zip Code
 Palm Springs CA 92262-6395
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DESERT REGIONAL MEDICAL CENTER CHIEF MEDICAL OFFICER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2013
Transaction ID : AF6B6BA4D92AC452D90A
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction: \$50.00/Bi-Weekly

B. ROBERT S HENDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11122 W Ricks Cir
 City State Zip Code
 Dallas TX 75230-3032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENET HEALTHCARE CORPORATION REGIONAL CMO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2013
Transaction ID : A813A480B8925411F9A5
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction: \$50.00/Bi-Weekly

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2013
Transaction ID : A73D198E7E0134C31B48
 Amount of Each Receipt this Period
 384.00
 Payroll Deduction: \$192.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	584.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID L ARCHER
Full Name (Last, First, Middle Initial)

Mailing Address 2594 Hocksett Cv

City Germantown State TN Zip Code 38139-6655

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

Name of Employer SAINT FRANCIS HOSPITAL Occupation MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt **03 / 23 / 2013**

Transaction ID : AC5F7DB73ECF94A378FD

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 401 N Church St

City McKinney State TX Zip Code 75069-3854

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, IT TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **03 / 23 / 2013**

Transaction ID : AF9FE4DEA96DF4C4F875

Amount of Each Receipt this Period **90.00**

Payroll Deduction: \$45.00/Bi-Weekly

C. SALLY A HURT-STEFFEN
Full Name (Last, First, Middle Initial)

Mailing Address 712 Waltham Ct

City El Paso State TX Zip Code 79922-2128

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 23 / 2013**

Transaction ID : AC162D1C516DB458A983

Amount of Each Receipt this Period **100.00**

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **382.00**

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 10 OF 23
(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. LEA D FOURKILLER

Mailing Address 13219 George St

City Farmers Branch State TX Zip Code 75234-5206

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **264.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2013

Transaction ID : A41541E0850BC4760A6D

Amount of Each Receipt this Period
88.00

Payroll Deduction: \$44.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. TIM ADAMS

Mailing Address 2408 University Club Dr

City Austin State TX Zip Code 78732-2052

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP REGIONAL OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2013

Transaction ID : A88C033FC99CC4F54987

Amount of Each Receipt this Period
192.00

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. PATRICIA L BRAINERD

Mailing Address 5412 Glenshire Dr

City Plano State TX Zip Code 75093-2800

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2013

Transaction ID : A22D6858F704C4F7C9F7

Amount of Each Receipt this Period
100.00

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ **380.00**

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 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. GARY K RUFF		Date of Receipt
Mailing Address 714 Kent Ct		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Southlake	TX	76092-8868
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : ACE467000E786463F9EA
TENET HEALTHCARE CORPORATION	SVP & GENERAL COUNSEL	
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="576.00"/>	<input type="text" value="192.00"/>
		Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial) B. CATHRYN H FRASER		Date of Receipt
Mailing Address 272 Enclaves Ct		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Coppell	TX	75019-2125
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : ADEE815B653AA4D8EA11
TENET HEALTHCARE CORPORATION	SVP, HUMAN RESOURCES	
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="576.00"/>	<input type="text" value="192.00"/>
		Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial) C. JOHN F HOLLAND		Date of Receipt
Mailing Address 3610 Edgewater St		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75205-4317
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : ABEF17907E52A4370ABE
TENET HEALTHCARE CORPORATION	SVP, REGIONAL OPERATIONS	
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="576.00"/>	<input type="text" value="192.00"/>
		Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="576.00"/>
TOTAL 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 12 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. MARK P LISA

Mailing Address 391 E Milgeo Ave

City Ripon	State CA	Zip Code 95366-2120
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FEC ID number of contributing federal political committee. **C**

Name of Employer DOCTORS HOSPITAL OF MANTECA	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2013

Transaction ID : AF821C03A561540FCB66

Amount of Each Receipt this Period
78.00

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. KEN WHEAT

Mailing Address 38041 E Bogert Trl

City Palm Springs	State CA	Zip Code 92264-9638
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FEC ID number of contributing federal political committee. **C**

Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation COO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2013

Transaction ID : A0A97159ABE8C4B4DA33

Amount of Each Receipt this Period
76.00

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 21521 Turtledove St

City Trabuco Canyon	State CA	Zip Code 92679-3486
------------------------	-------------	------------------------

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

Name of Employer LOS ALAMITOS MEDICAL CENTER	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2013

Transaction ID : A0A346F550FC34C4D823

Amount of Each Receipt this Period
76.00

Payroll Deduction: \$38.00/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 13 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOHN B MCDONALD		Date of Receipt
Mailing Address 2230 Warner Rd		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fort Worth	TX	76110-1752
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AA5C65EFA4B3D4A45A27
TENET HEALTHCARE CORPORATION	VP, A&D	
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="228.00"/>	<input type="text" value="76.00"/>
		Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial) B. ELIZABETH JOHNSON		Date of Receipt
Mailing Address 3302 Marsh Ln		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Grapevine	TX	76051-6828
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A6F30D09BBC35420EAF4
TENET HEALTHCARE CORPORATION	VP, APPLIED CLINICAL INF	
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="228.00"/>	<input type="text" value="76.00"/>
		Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial) C. DAVID W BORDOFSKE		Date of Receipt
Mailing Address 5001 Ashland Belle Ln		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Frisco	TX	75035-7682
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A0105AD07934840268B9
TENET HEALTHCARE CORPORATION	VP, CLINICAL SYSTEMS	
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="240.00"/>	<input type="text" value="80.00"/>
		Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="232.00"/>
TOTAL 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 23
	<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. ROBERT SMITH

Mailing Address 5325 Tate Ave

City Plano State TX Zip Code 75093-3433

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **03 / 23 / 2013**

Transaction ID : A01D3E52D073648B6956

Amount of Each Receipt this Period **80.00**

Payroll Deduction: \$40.00/Bi-Weekly

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

Mailing Address 42 Barneburg

City Dove Canyon State CA Zip Code 92679-4210

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt **03 / 23 / 2013**

Transaction ID : AB0009000522441B4BBD

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. KELVIN A BAGGETT

Mailing Address 6453 Tulip Ln

City Dallas State TX Zip Code 75230-4148

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF MEDICAL OFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt **03 / 23 / 2013**

Transaction ID : A2E9153CAA2FB4582B3D

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. RODNEY A REASONER
Full Name (Last, First, Middle Initial)
Mailing Address 1960 Mary Lee Ln
City State Zip Code
Allen TX 75002-8528
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP, FINANCE
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
228.00

Date of Receipt
03 / 23 / 2013
Transaction ID : A77F0C128DD2E4CD5B27
Amount of Each Receipt this Period
76.00
Payroll Deduction: \$38.00/Bi-Weekly

B. JASON E EVANS
Full Name (Last, First, Middle Initial)
Mailing Address 676 Bryn Mahr Ln
City State Zip Code
Rockwall TX 75087-6018
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
LAKE POINTE MEDICAL CENTER CEO
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
234.00

Date of Receipt
03 / 23 / 2013
Transaction ID : A32B92D6C9DE24941A8A
Amount of Each Receipt this Period
78.00
Payroll Deduction: \$39.00/Bi-Weekly

C. JOHN P LANDINO
Full Name (Last, First, Middle Initial)
Mailing Address 911 Lake Breeze Dr
City State Zip Code
Highland Village TX 75077-6491
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP PHY RELT PROG,BUS DEV
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
234.00

Date of Receipt
03 / 23 / 2013
Transaction ID : A2A732ED9C79F4372AB0
Amount of Each Receipt this Period
78.00
Payroll Deduction: \$39.00/Bi-Weekly

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

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

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

FOR LINE NUMBER: PAGE 16 OF 23
(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. MICHAEL K BURTNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1131 N Edgefield Ave
 City Dallas State TX Zip Code 75208-3624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, OUTPATIENT SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A6592158B4A934C829F2
 Amount of Each Receipt this Period 76.00
 Payroll Deduction: \$38.00/Bi-Weekly

B. ALVIN W JOSEPHS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3717 Herwol Ave
 City Waco State TX Zip Code 76710-7218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, COMPLNCE POLICY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A0875FB282F554B19A05
 Amount of Each Receipt this Period 78.00
 Payroll Deduction: \$39.00/Bi-Weekly

C. LINDA K MERCIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Columbia Crest Pl
 City Spring State TX Zip Code 77382-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOUSTON NW MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A145DE0E2AADD4655BB1
 Amount of Each Receipt this Period 78.00
 Payroll Deduction: \$39.00/Bi-Weekly

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

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

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

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

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

Mailing Address 7935 East Dr
Apt 901

City North Bay Village State FL Zip Code 33141-3693

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 23 / 2013
Transaction ID : AAF9EF76E1FD54CF28AF

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

B. KENNETH F SUTHERLAND
Full Name (Last, First, Middle Initial)

Mailing Address 102 Wilmington Ct

City Southlake State TX Zip Code 76092-8492

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CONSTRUCTION & DESIG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A0EE86C8BF169403C8C8

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 6516 Vasco Way

City El Paso State TX Zip Code 79912-1709

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

Name of Employer SIERRA MEDICAL CENTER Occupation DIR, EXTERNAL AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A11FF6D0F049E4AE5BBE

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. KENT G CLAYTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Turtle Bay Dr
 City Newport Beach State CA Zip Code 92660-4266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLACENTIA LINDA HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A642FDC77A1524117AD6
 Amount of Each Receipt this Period 76.00
 Payroll Deduction: \$38.00/Bi-Weekly

B. VANESSA BENAVIDES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3818 Cedar Spr # 101-32
 City Dallas State TX Zip Code 75219-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CORP COMPLIANCE OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A9790211F374F453AA39
 Amount of Each Receipt this Period 78.00
 Payroll Deduction: \$39.00/Bi-Weekly

C. JOHN QUINN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1138 Pine Valley Rd
 City Griffin State GA Zip Code 30224-4953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A50D43A524D1D4212A11
 Amount of Each Receipt this Period 76.00
 Payroll Deduction: \$38.00/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 19 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JAMES D DORIS
Full Name (Last, First, Middle Initial)

Mailing Address 264 Idlewilde Ln

City Sanford State NC Zip Code 27332-9304

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

Name of Employer CENTRAL CAROLINA HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 23 / 2013
Transaction ID : AD3AAD4A899594C5D9FD

Amount of Each Receipt this Period 70.00

Payroll Deduction: \$35.00/Bi-Weekly

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

Mailing Address 980 Isabella Way

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 23 / 2013
Transaction ID : AFF703BD2A679407B84C

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 15871 SW 148th Ter

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 ▼ 240.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A1484F5483CFC4CB2969

Amount of Each Receipt this Period 80.00

Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 228.00

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 20 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. TERRY WHEELER		Date of Receipt
Mailing Address 13802 Magnolia Manor Dr		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cypress	TX	77429-8162
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AEF1DFBDD2E9D43E3994
Name of Employer	Occupation	Amount of Each Receipt this Period
CYPRESS FAIRBANKS MEDICAL CENTER	CEO	<input type="text" value="70.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$35.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) B. CRAIG C ARMIN		Date of Receipt
Mailing Address 23510 Berdon St		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Woodland Hills	CA	91367-3004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA873A97166EC41E8B5D
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	VP, GOVT PROGRAMS	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$40.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) C. JOE D THOMASON		Date of Receipt
Mailing Address 6304 Carmel Falls Ct		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
McKinney	TX	75070-8768
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC695D3702BDC495C9CF
Name of Employer	Occupation	Amount of Each Receipt this Period
CENTENNIAL MEDICAL CENTER	CEO	<input type="text" value="76.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$38.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="228.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="226.00"/>
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 21 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 7707 N 127th Ave

City Omaha State NE Zip Code 68142-1723

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

Name of Employer CREIGHTON UNIVERSITY MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 23 / 2013
Transaction ID : AF5CF2BE7C1D84F5299D

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

B. STEPHEN M MOONEY
Full Name (Last, First, Middle Initial)

Mailing Address 4619 Briar Oaks Cir

City Dallas State TX Zip Code 75287-7503

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

Name of Employer TENET PATIENT FINCL SVCS Occupation PRESIDENT, CONIFER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A4E379CE076CB42AD833

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 2700 Crepe Myrtle Dr

City Flower Mound State TX Zip Code 75028-3617

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, GOVT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 23 / 2013
Transaction ID : A9562E2122A7C45D492D

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

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

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

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

FOR LINE NUMBER: PAGE 22 OF 23
(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 POLITICAL ACTION COMMITTEE

A. THOMAS RICE
Full Name (Last, First, Middle Initial)
Mailing Address 15126 Ferdinand Dr
City Dallas State TX Zip Code 75248-6437
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, INVESTOR RELATIONS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **234.00**

Date of Receipt **03 / 23 / 2013**
Transaction ID : ADB9302F6B5B845B2820
Amount of Each Receipt this Period **78.00**
Payroll Deduction: \$39.00/Bi-Weekly

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	78.00
TOTAL This Period (last page this line number only).....	6080.30

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. McConnell for Senate

Mailing Address P.O. Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement
2014 Primary

Candidate Name

Sen. Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : B496381F2FB6E43C1AA2

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET SUITE 300

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
2014 Primary

Candidate Name

Mark Robert Warner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2013

Transaction ID : BE03F2860078D4332BCC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

3500.00

3500.00
