

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 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1445 Ross Avenue Suite 1400 Dallas TX 75202 2703 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2010 through 06 30 2010

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 07 15 2010

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

Write or Type Committee Name
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62272.29
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	97229.09									
(c) Total Receipts (from Line 19)	10570.60	75627.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	107799.69	137899.69								
7. Total Disbursements (from Line 31)	14432.85	44532.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93366.84	93366.84								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	8263.60	52276.20
(ii) Unitemized	2307.00	23351.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10570.60	75627.40
(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)	10570.60	75627.40
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))	10570.60	75627.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10570.60	75627.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	11000.00	35750.00
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.....	3432.85	8782.85
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))..	14432.85	44532.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14432.85	44532.85

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	10570.60	75627.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10570.60	75627.40
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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) F. DALE MADDOX		Date of Receipt MM / DD / YYYY 06 / 07 / 2010		
	Mailing Address 360 EMERALD BUTTE PLACE		Transaction ID: 31867676		
	City HORIZON CITY	State TX	Zip Code 79928-6478	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation CFO	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) JOHN QUINN		Date of Receipt MM / DD / YYYY 06 / 07 / 2010		
	Mailing Address 1138 PINE VALLEY ROAD		Transaction ID: 31867785		
	City GRIFFIN	State GA	Zip Code 30224-4953	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SPALDING REGIONAL HOSPITAL	Occupation CEO	Aggregate Year-to-Date 918.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) ROBERT D COKER		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 7505 DANA LANE		Transaction ID: 31929267		
	City N.RICHLAND HILL	State TX	Zip Code 76180-4551	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation SR DIR	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 7 / 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 POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) JAIKUMAR KRISHNASWAMY</p> <p>Mailing Address 2505 MAESTRO WAY</p> <hr/> <p>City MODESTO State CA Zip Code 95355-9658</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer DOCTORS MEDICAL CENTER-MODESTO</td> <td>Occupation ASSOCIATE ADMINISTRATOR</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 247.00</td> </tr> </table>	Name of Employer DOCTORS MEDICAL CENTER-MODESTO	Occupation ASSOCIATE ADMINISTRATOR	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR1025621123972</p> <hr/> <p>Amount of Each Receipt this Period 38.00</p> <hr/> <p>P/R Deduction (\$19.00 Bi-Weekly)</p>
Name of Employer DOCTORS MEDICAL CENTER-MODESTO	Occupation ASSOCIATE ADMINISTRATOR				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00				

<p>B. Full Name (Last, First, Middle Initial) KEVIN MCCASLIN</p> <p>Mailing Address 5225 MAPLE AVE #4314</p> <hr/> <p>City DALLAS State TX Zip Code 75235-8449</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer TENET HEALTHCARE CORPORATION</td> <td>Occupation DIR</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 576.00</td> </tr> </table>	Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR1026156823972</p> <hr/> <p>Amount of Each Receipt this Period 192.00</p> <hr/> <p>P/R Deduction (\$96.00 Bi-Weekly)</p>
Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00				

<p>C. Full Name (Last, First, Middle Initial) ROBERT RUSSELL</p> <p>Mailing Address 1001 SARANAC PARK</p> <hr/> <p>City PEACHTREE CITY State GA Zip Code 30269-1274</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer SOUTH FULTON MEDICAL CENTER</td> <td>Occupation COO</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 325.00</td> </tr> </table>	Name of Employer SOUTH FULTON MEDICAL CENTER	Occupation COO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: PR1159116223972</p> <hr/> <p>Amount of Each Receipt this Period 50.00</p> <hr/> <p>P/R Deduction (\$25.00 Bi-Weekly)</p>
Name of Employer SOUTH FULTON MEDICAL CENTER	Occupation COO				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SHELLEY GILES		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 3803 STOCKTON LN		Transaction ID: PR1479664423972
	City DALLAS	State TX	Zip Code 75287-4919
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer TENET HEALTHCARE CORPORATION		Occupation DIR	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 ▼ 260.00		

B.	Full Name (Last, First, Middle Initial) JEFFREY KOURY		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 42 BARNEBURG		Transaction ID: PR1481203523972
	City DOVE CANYON	State CA	Zip Code 92679-4210
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP AND REGIONAL CFO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00		

C.	Full Name (Last, First, Middle Initial) MICHAEL K BURTNETT		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 3405 HOWELL ST#9		Transaction ID: PR1568624523972
	City DALLAS	State TX	Zip Code 75204-2828
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) THOMAS RICE		Date of Receipt
	Mailing Address 15126 FERDINAND DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	DALLAS	TX	75248-6437
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592856023972
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 ▼ 494.00	<input type="text"/> 76.00
			P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ROBERT SMITH		Date of Receipt
	Mailing Address 5325 TATE AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	PLANO	TX	75093-3433
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592857723972
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 ▼ 520.00	<input type="text"/> 80.00
			P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) RICKY JOHNSTON		Date of Receipt
	Mailing Address 404 N.CHURCH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	MCKINNEY	TX	75069
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592858223972
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	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 ▼ 585.00	<input type="text"/> 90.00
			P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 246.00
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: PAGE 10 / 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 POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 15871 SW 148 TERRACE

City MIAMI State FL Zip Code 33196-5701

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

Name of Employer CORAL GABLES HOSPITAL Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2010

Transaction ID: PR1734839223972

Amount of Each Receipt this Period 80.00

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

B.

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 ▼ 247.00

Date of Receipt 06 / 30 / 2010

Transaction ID: PR1735905223972

Amount of Each Receipt this Period 38.00

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

C.

Full Name (Last, First, Middle Initial)
JEREMY L CLARK

Mailing Address 3336 SUNNIROC ROAD

City BIRMINGHAM State AL Zip Code 35210-3799

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

Name of Employer BROOKWOOD MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2010

Transaction ID: PR1735911023972

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional) ► 156.00

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 11 / 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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CHAKILLA D ROBINSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 6303 RICHMOND #202		Transaction ID: PR1735911223972
	City DALLAS	State TX	Zip Code 75214-3674
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
	Name of Employer DOCTORS HOSPITAL-DALLAS	Occupation COO	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 ▼ 247.00		

B.	Full Name (Last, First, Middle Initial) DANIEL WALDMANN		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2001 19TH STREET NW #5		Transaction ID: PR1814798523972
	City WASHINGTON	State DC	Zip Code 20009-1346
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.00		

C.	Full Name (Last, First, Middle Initial) CHARLOTTE M DARDANELLO		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1900 S. OCEAN BLVD. #16N		Transaction ID: PR2067935223972
	City POMPANO BEACH	State FL	Zip Code 33062-8010
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
	Name of Employer NORTH SHORE MEDICAL CENTER	Occupation CNO	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 ▼ 247.00		

SUBTOTAL of Receipts This Page (optional) ▶

268.00

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"/> 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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MARK P LISA		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 391 E MILGEO AVE		Transaction ID: PR2174141223972		
	City RIPON	State CA	Zip Code 95366-2120	Amount of Each Receipt this Period 38.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DOCTORS HOSPITAL OF MANTE-CA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CEO Aggregate Year-to-Date ▼ 418.00	P/R Deduction (\$19.00 Bi-Weekly)		

B.	Full Name (Last, First, Middle Initial) PHILLIP SOWA		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 621 BIRDSALL ST		Transaction ID: PR2174298123972		
	City HOUSTON	State TX	Zip Code 77007-5101	Amount of Each Receipt this Period 78.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PARK PLAZA HOSPITAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CEO Aggregate Year-to-Date ▼ 498.00	P/R Deduction (\$39.00 Bi-Weekly)		

C.	Full Name (Last, First, Middle Initial) ROBERT J CUNNAH		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 163 VILLAGIO WEST		Transaction ID: PR2174361623972		
	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CMO Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)		

SUBTOTAL of Receipts This Page (optional)	▶	216.00
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)

<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.

Full Name (Last, First, Middle Initial)
DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City State Zip Code
MODESTO CA 95355-8446

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

Name of Employer DOCTORS MEDICAL CENTER-MODESTO Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR2174541523972

Amount of Each Receipt this Period 76.00

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

B.

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

Mailing Address 272 ENCLAVES COURT

City State Zip Code
COPPELL TX 75019-2125

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR2174559923972

Amount of Each Receipt this Period 192.00

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

C.

Full Name (Last, First, Middle Initial)
ALVIN W JOSEPHS

Mailing Address 3717 HERWOL AVE

City State Zip Code
WACO TX 76710-7218

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR2174561223972

Amount of Each Receipt this Period 78.00

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

SUBTOTAL of Receipts This Page (optional) ► **346.00**

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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
BIGGS C PORTER

Mailing Address 4535 MANNING LANE

City State Zip Code
DALLAS TX 75220-6434

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- CHIEF FINANCIAL OFFICER
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR2174563623972

Amount of Each Receipt this Period
200.00

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

B. 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) ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR2174567323972

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 712 WALTHAM CT

City State Zip Code
EL PASO TX 79922-2128

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

Name of Employer Occupation
SIERRA PROVIDENCE EASTSIDE CEO
HOSPITAL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 542.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR2248480223972

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► 500.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) BRADLEY C TAYLOR		Date of Receipt
	Mailing Address 9438 THORNBERRY LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DALLAS	TX	75220-5145
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2284285123972
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SR 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 ▼ 247.00	<input type="text"/> 38.00
			P/R Deduction (\$19.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MICHAEL BLACKBURN		Date of Receipt
	Mailing Address 4141 16TH STREET NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	HICKORY	NC	28601-8408
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2369304323972
Name of Employer FRYE REGIONAL MEDICAL CENTER		Occupation CEO	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 ▼ 494.00	<input type="text"/> 76.00
			P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JOHN SHORT		Date of Receipt
	Mailing Address 3108 Clymer Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Plano	TX	75025-5325
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2387796623972
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP - PMI	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 ▼ 501.00	<input type="text"/> 78.00
			P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 192.00
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: PAGE 16 / 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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PAUL CASTANON

Mailing Address 2101 Looscan lane

City State Zip Code
Houston TX 77019-1507

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP & Asst. General Counsel
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 418.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2398953023972

Amount of Each Receipt this Period

38.00

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

B.

Full Name (Last, First, Middle Initial)
JACOB J. SPRUIT

Mailing Address 5608 Maxon Marsh Drive

City State Zip Code
Hiram GA 30141-2879

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

Name of Employer Occupation
SOUTH FULTON MEDICAL CENT- CFO
ER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 299.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2398965023972

Amount of Each Receipt this Period

46.00

P/R Deduction (\$23.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
STEPHEN D. PRESTON

Mailing Address 3680 VILLAGE CENTER LANE

City State Zip Code
BIRMINGHAM AL 35226-6343

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

Name of Employer Occupation
BROOKWOOD MEDICAL CENTER VP External Affairs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 247.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2428718423972

Amount of Each Receipt this Period

38.00

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

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR MICHAEL R HOLMES

Mailing Address 531 EVERGREEN DRIVE

City State Zip Code
MANDEVILLE LA 70448-7574

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

Name of Employer
DIAGNOSTIC IMAGING SERVICES

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR2440288723972

Amount of Each Receipt this Period
76.00

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

B.

Full Name (Last, First, Middle Initial)
KELVIN BAGGETT

Mailing Address 3850 WEST NORTHWEST HIGHWAY
UNIT 4111

City State Zip Code
DALLAS TX 75220-5232

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

Name of Employer
TENET HEALTHCARE CORPORATION

Occupation
CHIEF MEDICAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR2444580823972

Amount of Each Receipt this Period
78.00

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

C.

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
HAHNEMANN UNIVERSITY HOSPITAL

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR406763223972

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional) ► **192.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 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 POLITICAL ACTION COMMITTEE

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

Mailing Address 7243 BAXTERSHIRE DRIVE

City DALLAS State TX Zip Code 75230-3170

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 994.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR407201323972

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 2613 MILLINGTON DRIVE

City PLANO State TX Zip Code 75093-3560

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR407205123972

Amount of Each Receipt this Period 32.00

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

C. Full Name (Last, First, Middle Initial)
DONALD E LAUGHLIN

Mailing Address 4185 CLOVERPORT RD

City TOONE State TN Zip Code 38381-8059

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

Name of Employer SAINT FRANCIS HOSPITAL Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR407210523972

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional) ► 146.00

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"/> 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.	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 06 / 30 / 2010
	City	State	Zip Code
	DALLAS	TX	75225-2072
	FEC ID number of contributing federal political committee.		Transaction ID: PR407210623972
		Amount of Each Receipt this Period	
		<input type="text"/> 380.00	
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation EVP	P/R Deduction (\$190.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 2470.00	

B.	Full Name (Last, First, Middle Initial) JOHN B MCDONALD		Date of Receipt
	Mailing Address 2230 WARNER ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	FORT WORTH	TX	76110-1752
	FEC ID number of contributing federal political committee.		Transaction ID: PR407215823972
		Amount of Each Receipt this Period	
		<input type="text"/> 76.00	
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	P/R Deduction (\$38.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 494.00	

C.	Full Name (Last, First, Middle Initial) TERESA L HUSKEY		Date of Receipt
	Mailing Address 4333 PERSHING AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	FT WORTH	TX	76107-4243
	FEC ID number of contributing federal political committee.		Transaction ID: PR407218623972
		Amount of Each Receipt this Period	
		<input type="text"/> 78.00	
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation SR DIR	P/R Deduction (\$39.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 387.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 534.00
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 20 / 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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SHERRY J HENDERSON		Date of Receipt
	Mailing Address 25 NIGHT HERON PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	HICKORY	NC	28601-8806
	FEC ID number of contributing federal political committee.		Transaction ID: PR407219723972
		Amount of Each Receipt this Period	<input type="text"/> 40.00
Name of Employer FRYE REGIONAL MEDICAL CENTER		Occupation CFO	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"/> 260.00	

B.	Full Name (Last, First, Middle Initial) JAMES E MCPARTLAND		Date of Receipt
	Mailing Address 1805 LONGWOOD CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	ALLEN	TX	75013-3074
	FEC ID number of contributing federal political committee.		Transaction ID: PR407221523972
		Amount of Each Receipt this Period	<input type="text"/> 39.00
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP	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 ▼ <input type="text"/> 259.00	

C.	Full Name (Last, First, Middle Initial) JOE D THOMASON		Date of Receipt
	Mailing Address 4006 RAMSGATE CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	COLLEYVILLE	TX	76034-4473
	FEC ID number of contributing federal political committee.		Transaction ID: PR407222123972
		Amount of Each Receipt this Period	<input type="text"/> 76.00
Name of Employer TENET HEALTHCARE CORPORATION		Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 494.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 155.00
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: 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 POLITICAL ACTION COMMITTEE

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

Mailing Address 11122 W RICKS CIRCLE

City State Zip Code
DALLAS TX 75230-3032

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

Name of Employer: TENET HEALTHCARE CORPORATION
Occupation: REGIONAL CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR407222823972
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MARK E PEACOCK

Mailing Address 1120 CHESTERTON DR

City State Zip Code
RICHARDSON TX 75080-2919

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 ▼ 574.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR407226023972
 Amount of Each Receipt this Period: 6.00
 P/R Deduction (\$3.00 Bi-Weekly)

C. 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: TENET HEALTHCARE CORPORATION
Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR407227323972
 Amount of Each Receipt this Period: 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 146.00

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 / 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

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.

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR407227623972

Amount of Each Receipt this Period
40.00

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

B.

Full Name (Last, First, Middle Initial)
GARY K RUFF

Mailing Address 714 KENT CT

City State Zip Code
SOUTHLAKE TX 76092-8868

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SVP & GENERAL COUNSEL
ION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR407229223972

Amount of Each Receipt this Period
384.00

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

C.

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

Mailing Address 3014 CASTLE PINES DRIVE

City State Zip Code
DULUTH GA 30097-2039

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

Name of Employer Occupation
ATLANTA MEDICAL CENTER MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR407231823972

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **464.00**

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	

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.	Full Name (Last, First, Middle Initial) GARRY MOLNEY	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2708 ISLAND LEDGE COVE	Transaction ID: PR407234323972
	City State Zip Code AUSTIN TX 78746-1982	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

B.	Full Name (Last, First, Middle Initial) JOHN QUINN	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1138 PINE VALLEY ROAD	Transaction ID: PR407236023972
	City State Zip Code GRIFFIN GA 30224-4953	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer SPALDING REGIONAL HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 994.00	

C.	Full Name (Last, First, Middle Initial) CHARLES MILLER	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 747 MENDENHALL CT	Transaction ID: PR407241423972
	City State Zip Code FORT MILL SC 29715-7852	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer PIEDMONT MEDICAL CENTER	Occupation MARKET CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	

SUBTOTAL of Receipts This Page (optional)	▶	152.00
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 24 / 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 POLITICAL ACTION COMMITTEE

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

Mailing Address 3610 EDGEWATER STREET

City State Zip Code
DALLAS TX 75205-4317

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SVP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1248.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR407242923972

Amount of Each Receipt this Period
192.00

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

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

Mailing Address 264 IDLEWILDE LANE

City State Zip Code
SANFORD NC 27332-9304

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

Name of Employer Occupation
CENTRAL CAROLINA HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 455.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR407244823972

Amount of Each Receipt this Period
70.00

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

C. Full Name (Last, First, Middle Initial)
RALPH ALEMAN

Mailing Address 6301 COLLINS AVE #2608

City State Zip Code
MIAMI BEACH FL 33141-4645

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

Name of Employer Occupation
HIALEAH HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR407245323972

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) ► 302.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 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 POLITICAL ACTION COMMITTEE

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

Mailing Address 2594 HOCKETT COVE

City State Zip Code
GERMANTOWN TN 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 ▼ 744.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR407250423972
Amount of Each Receipt this Period: 192.00
P/R Deduction (\$96.00 Bi-Weekly)

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

Mailing Address 11034 TIBBS STREET

City State Zip Code
DALLAS TX 75230-3450

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR407257723972
Amount of Each Receipt this Period: 384.00
P/R Deduction (\$192.00 Bi-Weekly)

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

Mailing Address 13802 MAGNOLIA MANOR

City State Zip Code
CYPRESS TX 77429-8162

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

Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: PR407265623972
Amount of Each Receipt this Period: 70.00
P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 646.00

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 26 / 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 POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 1855 SILVERWINGS CT

City State Zip Code
MORGAN HILL CA 95037-9002

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

Name of Employer
COMMUNITY HOSPITAL OF LOS GATOS

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR407266423972

Amount of Each Receipt this Period

60.00

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

B.

Full Name (Last, First, Middle Initial)
MICHELE C MEYER

Mailing Address 230 GRIMSLEY STAT BLUFF

City State Zip Code
SAINT LOUIS MO 63129-5030

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

Name of Employer
DES PERES HOSPITAL

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
494.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR407268523972

Amount of Each Receipt this Period

76.00

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

C.

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

Mailing Address 23510 BERDON STREET

City State Zip Code
WOODLAND HILLS CA 91367-3004

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 ▼
520.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: PR407274123972

Amount of Each Receipt this Period

80.00

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

SUBTOTAL of Receipts This Page (optional)

216.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KENT G CLAYTON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 3 TURTLE BAY DRIVE	Transaction ID: PR407278123972
	City State Zip Code NEWPORT BEACH CA 92660-4266	Amount of Each Receipt this Period 76.00
	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 ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) CANDACE MARKWITH	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 980 ISABELLA WAY	Transaction ID: PR407280323972
	City State Zip Code SAN LUIS OBISPO CA 93405-6186	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SIERRA VISTA REGIONAL MEDICAL CENTER CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) RODNEY A REASONER	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1960 MARY LEE LN	Transaction ID: PR407280923972
	City State Zip Code ALLEN TX 75002-8528	Amount of Each Receipt this Period 76.00
	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 ▼ 494.00	P/R Deduction (\$38.00 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: PAGE 28 / 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 POLITICAL ACTION COMMITTEE

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 ▼ 494.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR407283923972

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 31855 DATE PALM DR#3

City State Zip Code
CATHEDRAL CITY CA 92234-3100

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

Name of Employer Occupation
DESERT REGIONAL MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR407288723972

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 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 ▼ 494.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: PR413941923972

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 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:	PAGE 29 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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.	Full Name (Last, First, Middle Initial) KENNETH F SUTHERLAND		Date of Receipt
	Mailing Address 102 WILMINGTON CT		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	SOUTHLAKE	TX	76092-8492
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	Transaction ID: PR839152223972
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="494.00"/>	Amount of Each Receipt this Period
			<input type="text" value="76.00"/>
			P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) PATRICIA C JOHNSON		Date of Receipt
	Mailing Address 4616 LARGO DR.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FLOWER MOUND	TX	75028-3936
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP FIN PLAN & ANALYSIS	Transaction ID: PR839196423972
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="260.00"/>	Amount of Each Receipt this Period
			<input type="text" value="40.00"/>
			P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) EDWARD MESCO		Date of Receipt
	Mailing Address 7365 NW 54TH STREET		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	LAUDERHILL	FL	33319-6346
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation DIR	Transaction ID: PR839477823972
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="325.00"/>	Amount of Each Receipt this Period
			<input type="text" value="50.00"/>
			P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="166.00"/>
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 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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) AUDREY T ANDREWS		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 702 PENFOLDS		Transaction ID: PR840566923972
	City COPPELL	State TX	Zip Code 75019-4544
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP	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 ▼ 2496.00		

B.	Full Name (Last, First, Middle Initial) DREW P KAHN		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 16015 KEMPTON PARK		Transaction ID: PR840590423972
	City SPRING	State TX	Zip Code 77379-6730
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
	Name of Employer HOUSTON NW MEDICAL CENTER	Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00		

C.	Full Name (Last, First, Middle Initial) DAVID W BORDOFSKE		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 5001 ASHLAND BELLE LANE		Transaction ID: PR840924623972
	City FRISCO	State TX	Zip Code 75035-7682
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional)	▶	540.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOHN TILLY		Date of Receipt
	Mailing Address 1221 WENTWOOD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	IRVING	TX	75061-4456
	FEC ID number of contributing federal political committee. C		Transaction ID: PR842232423972
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP & ASST GENERAL COUNSEL	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 ▼ 825.00	150.00
			P/R Deduction (\$75.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ELIZABETH JOHNSON		Date of Receipt
	Mailing Address 3302 MARSH LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	GRAPEVINE	TX	76051-6828
	FEC ID number of contributing federal political committee. C		Transaction ID: PR842373123972
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP	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 ▼ 494.00	76.00
			P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) LESTER G COTTLE		Date of Receipt
	Mailing Address 1625 FAWN LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	HUNTINGDON VALLEY	PA	19006-7917
	FEC ID number of contributing federal political committee. C		Transaction ID: PR843874923972
Name of Employer ST CHRISTOPHER'S HOSPITAL FOR CHILDREN		Occupation CFO	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 ▼ 247.00	38.00
			P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SUZANNE KOZEL		Date of Receipt
	Mailing Address 161 MEADOW RIDGE LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	CHAPEL HILL	NC	27517-8847
	FEC ID number of contributing federal political committee. C		Transaction ID: PR843980423972
Name of Employer CAROLINA CROSSROADS SURG		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 ▼ 250.90	<input type="text"/> 38.60
		P/R Deduction (\$19.30 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) MANUEL LINARES		Date of Receipt
	Mailing Address 7710 CENTER BAY DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	NORTH BAY VILLAGE	FL	33141-4019
	FEC ID number of contributing federal political committee. C		Transaction ID: PR844477223972
Name of Employer NORTH SHORE MEDICAL CENTER		Occupation CEO	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 ▼ 494.00	<input type="text"/> 76.00
		P/R Deduction (\$38.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD		Date of Receipt
	Mailing Address 5412 GLENSHIRE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	PLANO	TX	75093-2800
	FEC ID number of contributing federal political committee. C		Transaction ID: PR844644423972
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SR 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 ▼ 650.00	<input type="text"/> 100.00
		P/R Deduction (\$50.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 214.60
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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) STEVEN B BARR		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 1300 BINZ		Transaction ID: PR844656623972		
	City HOUSTON	State TX	Zip Code 77004-7016	Amount of Each Receipt this Period 38.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
	Name of Employer PLAZA SPECIALTY HOSPITAL	Occupation CEO	Aggregate Year-to-Date 247.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MONICA C VARGAS		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 4017 FLAMINGO		Transaction ID: PR849126623972		
	City EL PASO	State TX	Zip Code 79902-1313	Amount of Each Receipt this Period 38.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
	Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation COO	Aggregate Year-to-Date 247.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) JAMES CLEMENTS		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 3013 GOLF CREST LANE		Transaction ID: PR849790223972		
	City WOODSTOCK	State GA	Zip Code 30189-8197	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)		
	Name of Employer SOUTH FULTON MEDICAL CENTER	Occupation ASSOC	Aggregate Year-to-Date 494.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	152.00
TOTAL This Period (last page this line number only)	8263.60

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

A. Full Name (Last, First, Middle Initial)
Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
2010 Primary

Candidate Name
Rep. Richard Neal

Office Sought: House
 Senate
 President
State: MA District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 31858024
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2010 Primary

B. Full Name (Last, First, Middle Initial)
Friends of Kent Conrad

Mailing Address P.O. Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
2012 Primary

Candidate Name
Kent Conrad

Office Sought: House
 Senate
 President
State: ND District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 31858045
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2012 Primary

C. Full Name (Last, First, Middle Initial)
A Lot Of People For Dave Obey

Mailing Address PO Box 1322

City Wausau State WI Zip Code 54402

Purpose of Disbursement
Void Un-Cashed Contribution

Candidate Name
Rep. David Obey

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 31927363
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Void Un-Cashed Contribution

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Citizens For Altmire <hr/> Mailing Address P.O. Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement 2010 General Candidate Name Rep. Jason Altmire <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31939538 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	2010 General
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Carnahan In Congress <hr/> Mailing Address 7000 Chippewa St <hr/> City St. Louis State MO Zip Code 63123 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Rep. Russ Carnahan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31939539 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	2010 Primary
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Grassley Committee <hr/> Mailing Address P.O. Box 1000 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement 2010 General Candidate Name Charles Grassley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31939540 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	2010 General
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Rudy Moise For Congress <hr/> Mailing Address PO Box 680417 <hr/> City North Miami State FL Zip Code 33168 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Mr. Rudolph Moise <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31939541 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	2010 Primary
B. Full Name (Last, First, Middle Initial) Georgians for Isakson <hr/> Mailing Address P.O. Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement 2010 General Candidate Name Sen. Johnny Isakson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31941925 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	2010 General

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

11000.00

**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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Friends of THA

Mailing Address 500 Interstate Blvd, South

City Nashville State TN Zip Code 37210

Purpose of Disbursement
2010 Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 31858072

Date of Disbursement

06 / 11 / 2010

Amount of Each Disbursement this Period

3383.84

2010 Contribution

SUBTOTAL of Disbursements This Page (optional)

3383.84

TOTAL This Period (last page this line number only)

3383.84