

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, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2011 through 07 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer Electronically Filed by Mr. Todd Plott Date 08 19 2011

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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		78498.04
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	92579.84									
(c) Total Receipts (from Line 19)	16248.05	92862.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108827.89	171360.29								
7. Total Disbursements (from Line 31)	4000.00	66532.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	104827.89	104827.89								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

TENET HEALTHCARE CORPORATION 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)	13045.00	62592.00
(ii) Unitemized	3203.05	30270.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16248.05	92862.25
(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)	16248.05	92862.25
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))	16248.05	92862.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16248.05	92862.25

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.....	2500.00	56000.00
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.....	1500.00	10532.40
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))..	4000.00	66532.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	66532.40

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	16248.05	92862.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16248.05	92862.25
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: PAGE 6 / 40
(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)
JAIKUMAR KRISHNASWAMY

Mailing Address 13123 AVALANGE COURT

City State Zip Code
CYPRESS TX 77429-4913

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

Name of Employer Occupation
CYPRESS FAIRBANKS MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR1025621126386
Amount of Each Receipt this Period: 57.00
P/R Deduction (\$19.00 Bi-Weekly)

B.

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

Mailing Address 5225 MAPLE AVENUE #4314

City State Zip Code
DALLAS TX 75235-8449

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION DIR COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1536.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR1026156826386
Amount of Each Receipt this Period: 288.00
P/R Deduction (\$96.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ROBERT RUSSELL

Mailing Address 1001 SARANAC PARK

City State Zip Code
PEACHTREE CITY GA 30269-1274

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

Name of Employer Occupation
SOUTH FULTON MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR1159116226386
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **420.00**

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 / 40
(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)
SHELLEY GILES

Mailing Address 3803 STOCKTON LN

City State Zip Code
DALLAS TX 75287-4919

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR1479664426386

Amount of Each Receipt this Period
60.00

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

B.

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

Mailing Address 42 BARNEBURG

City State Zip Code
DOVE CANYON CA 92679-4210

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP AND REGIONAL CFO
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR1481203526386

Amount of Each Receipt this Period
114.00

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

C.

Full Name (Last, First, Middle Initial)
MICHAEL K BURTNETT

Mailing Address 1131 N. EDGEFIELD AVE

City State Zip Code
DALLAS TX 75208-3624

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 ▼ 608.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR1568624526386

Amount of Each Receipt this Period
114.00

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

SUBTOTAL of Receipts This Page (optional) ► **288.00**

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 / 40
	<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) THOMAS RICE		Date of Receipt
	Mailing Address 15126 FERDINAND 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 07 / 31 / 2011
	City	State	Zip Code
	DALLAS	TX	75248-6437
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592856026386
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 117.00
		<input type="text"/> 616.00	P/R Deduction (\$39.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ROBERT SMITH		Date of Receipt
	Mailing Address 5325 TATE AVE		<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 07 / 31 / 2011
	City	State	Zip Code
	PLANO	TX	75093-3433
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592857726386
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 120.00
		<input type="text"/> 640.00	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 <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 07 / 31 / 2011
	City	State	Zip Code
	MCKINNEY	TX	75069-3855
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592858226386
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 ▼	<input type="text"/> 135.00
		<input type="text"/> 720.00	P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 372.00
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 9 / 40
(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)
JAY MIRANDA

Mailing Address 15871 SW 148 TERRACE

City State Zip Code
MIAMI FL 33196-5701

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

Name of Employer Occupation
CORAL GABLES HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR1734839226386
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
LEA D FOURKILLER

Mailing Address 13219 GEORGE STREET

City State Zip Code
FARMERS BRANCH TX 75234-5206

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SR DIR
ION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 659.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR1735529126386
Amount of Each Receipt this Period: 132.00
P/R Deduction (\$44.00 Bi-Weekly)

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

Mailing Address 1808 FLINT RIDGE DR

City State Zip Code
ALLEN TX 75002-1567

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

Name of Employer Occupation
LAKE POINTE MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR1735905226386
Amount of Each Receipt this Period: 57.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 309.00

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 / 40
(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)
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 ▼ 270.00

Date of Receipt: 07 / 31 / 2011

Transaction ID: PR1735911026386

Amount of Each Receipt this Period: 90.00

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

B.

Full Name (Last, First, Middle Initial)
CHAKILLA D ROBINSON

Mailing Address 6303 RICHMOND #202

City DALLAS State TX Zip Code 75214-3674

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

Name of Employer: DOCTORS HOSPITAL-DALLAS Occupation: COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt: 07 / 31 / 2011

Transaction ID: PR1735911226386

Amount of Each Receipt this Period: 0.00

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

C.

Full Name (Last, First, Middle Initial)
DANIEL WALDMANN

Mailing Address 1111 MONTCLAIR AVENUE

City DALLAS State TX Zip Code 75208-7114

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

Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VP, GOVERNMENT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1536.00

Date of Receipt: 07 / 31 / 2011

Transaction ID: PR1814798526386

Amount of Each Receipt this Period: 288.00

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

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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 / 40
(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)
ALBERT BARROCAS

Mailing Address 4050 SPALDING DR

City ATLANTA State GA Zip Code 30350-1100

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2011
Transaction ID: PR2069711426386
 Amount of Each Receipt this Period 57.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

Mailing Address 391 E MILGEO AVE

City RIPON State CA Zip Code 95366-2120

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

Name of Employer DOCTORS HOSPITAL OF MANTECA Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2011
Transaction ID: PR2174141226386
 Amount of Each Receipt this Period 57.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City PALM SPRINGS State CA Zip Code 92262-6395

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

Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 31 / 2011
Transaction ID: PR2174361626386
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 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 12 / 40
	<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) WADE TYRRELL	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 7844 ANNA CALLA WAY	Transaction ID: PR2174470726386
	City State Zip Code BARTLETT TN 38133-5812	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	

B.	Full Name (Last, First, Middle Initial) DENNIS M LITOS	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 3204 GREENGATE DR	Transaction ID: PR2174541526386
	City State Zip Code MODESTO CA 95355-8446	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 DOCTORS MEDICAL CENTER-MODESTO	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

C.	Full Name (Last, First, Middle Initial) CATHRYN H FRASER	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 272 ENCLAVES COURT	Transaction ID: PR2174559926386
	City State Zip Code COPPELL TX 75019-2125	Amount of Each Receipt this Period 288.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00	

SUBTOTAL of Receipts This Page (optional)	▶	481.00
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 / 40
	<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) ALVIN W JOSEPHS	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 3717 HERWOL AVE	Transaction ID: PR2174561226386
	City State Zip Code WACO TX 76710-7218	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	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 ▼ 624.00	

B.	Full Name (Last, First, Middle Initial) BIGGS C PORTER	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 4535 MANNING LANE	Transaction ID: PR2174563626386
	City State Zip Code DALLAS TX 75220-6434	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation CHIEF FINANCIAL OFFICER	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

C.	Full Name (Last, First, Middle Initial) JEFFERY FLOCKEN	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 27 NEW DAWN	Transaction ID: PR2174567326386
	City State Zip Code IRVINE CA 92620-1976	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, REGIONAL OPERATIONS	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional)	717.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 40
	<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) PATRICIA SECHI		Date of Receipt
	Mailing Address 1850 S. OCEAN DRIVE #1802		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2011
	City	State	Zip Code
	HALLANDALE BEACH	FL	33009-7680
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2216476826386
Name of Employer NORTH SHORE MEDICAL CENTER		Occupation ASSOCIATE ADMINISTRATOR	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 ▼ 304.00	<input type="text"/> 57.00
			P/R Deduction (\$19.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) SALLY A HURT-STEFFEN		Date of Receipt
	Mailing Address 712 WALTHAM CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2011
	City	State	Zip Code
	EL PASO	TX	79922-2128
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2248480226386
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL		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 ▼ 800.00	<input type="text"/> 150.00
			P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) RUBEN O RODRIGUEZ		Date of Receipt
	Mailing Address 6905 VILLA HERMOSA		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2011
	City	State	Zip Code
	EL PASO	TX	79912-2341
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2248482526386
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL		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 ▼ 304.00	<input type="text"/> 57.00
			P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 264.00
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 15 / 40
(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)
RICHARD E GLANCEY

Mailing Address 6516 VASCO WAY

City State Zip Code
EL PASO TX 79912-1709

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

Name of Employer Occupation
SIERRA MEDICAL CENTER DIR PUBLIC RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR2284144026386

Amount of Each Receipt this Period
117.00

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

B. Full Name (Last, First, Middle Initial)
BRADLEY C TAYLOR

Mailing Address 9438 THORNBERRY LANE

City State Zip Code
DALLAS TX 75220-5145

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION SR DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR2284285126386

Amount of Each Receipt this Period
57.00

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

C. Full Name (Last, First, Middle Initial)
DIANE KEENER

Mailing Address 8140 SANTA ROSA ROAD

City State Zip Code
ATASCADERO CA 93422-4942

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

Name of Employer Occupation
TWIN CITIES COMMUNITY HOSPITAL DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR2284585526386

Amount of Each Receipt this Period
117.00

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

SUBTOTAL of Receipts This Page (optional) ► 291.00

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 / 40
(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)
MICHAEL BLACKBURN

Mailing Address 4141 16TH STREET NE

City State Zip Code
HICKORY NC 28601-8408

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

Name of Employer: FRYE REGIONAL MEDICAL CENTER Occupation: CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR2369304326386
Amount of Each Receipt this Period: 114.00
P/R Deduction (\$38.00 Bi-Weekly)

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

Mailing Address 3108 CLYMER DRIVE

City State Zip Code
PLANO TX 75025-5325

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

Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VP - PMI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR2387796626386
Amount of Each Receipt this Period: 117.00
P/R Deduction (\$39.00 Bi-Weekly)

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

Mailing Address 6307 PRESTON PARKWAY

City State Zip Code
DALLAS TX 75205-1650

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

Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VP & ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR2398953026386
Amount of Each Receipt this Period: 57.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 288.00

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 / 40
(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)
STEPHEN D. PRESTON

Mailing Address 3680 VILLAGE CENTER LANE

City BIRMINGHAM State AL Zip Code 35226-6343

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

Name of Employer: BROOKWOOD MEDICAL CENTER Occupation: VP External Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR2428718426386
Amount of Each Receipt this Period: 38.00
P/R Deduction (\$19.00 Bi-Weekly)

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

Mailing Address 4241 VETERANS BLVD #200

City METAIRIE State LA Zip Code 70006

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

Name of Employer: DIAGNOSTIC IMAGING SERVICES Occupation: CEO DIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR2440288726386
Amount of Each Receipt this Period: 114.00
P/R Deduction (\$38.00 Bi-Weekly)

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

Mailing Address 5721 EDMONDSON ROAD PK #205

City NASHVILLE State TN Zip Code 37211-6563

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

Name of Employer: TENET HEALTHCARE CORPORATION Occupation: CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR2444580826386
Amount of Each Receipt this Period: 117.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 269.00

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 / 40
(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)
TYLER MURPHY

Mailing Address 108 LONDONBERRY TERRACE

City SOUTHLAKE State TX Zip Code 76092-7321

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP/TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2011
Transaction ID: PR2444580926386
Amount of Each Receipt this Period 57.00
P/R Deduction (\$19.00 Bi-Weekly)

B.

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

Mailing Address 2904 CROOKED STICK

City PLANO State TX Zip Code 75093-6352

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2011
Transaction ID: PR2460337926386
Amount of Each Receipt this Period 57.00
P/R Deduction (\$19.00 Bi-Weekly)

C.

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

Mailing Address 111 SUNSET COVE LANE

City PALM BEACH GARDENS State FL Zip Code 33418-4607

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

Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 31 / 2011
Transaction ID: PR2460338226386
Amount of Each Receipt this Period 57.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 171.00

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 19 / 40

(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)
DENISE BERGER

Mailing Address 1504 COUNTRY BEND

City State Zip Code
SAINT CHARLES MO 63303-2512

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

Name of Employer Occupation
DES PERES HOSPITAL HOSPITAL COMPLIANCE OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR2492160326386

Amount of Each Receipt this Period

75.00

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

B.

Full Name (Last, First, Middle Initial)
RONALD GROEPPER

Mailing Address 21037 X STREET

City State Zip Code
ELKHORN NE 68022-3127

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

Name of Employer Occupation
CREIGHTON UNIVERSITY MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR2497625826386

Amount of Each Receipt this Period

60.00

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

C.

Full Name (Last, First, Middle Initial)
LUIS ALFONSO

Mailing Address 7 SW 97TH COURT

City State Zip Code
MIAMI FL 33174-3527

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

Name of Employer Occupation
PALMETTO GENERAL HOSPITAL PHARMACIST-CLINICAL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR2542051426386

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

335.00

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 / 40
	<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) MICHAEL HALTER		Date of Receipt
	Mailing Address 111 RIGHTERS MILL RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2011
	City	State	Zip Code
	PENN VALLEY	PA	19072-1312
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR406763226386
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL		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 ▼	<input type="text"/> 57.00
		<input type="text"/> 304.00	P/R Deduction (\$19.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) LEONARD ROSENFELD		Date of Receipt
	Mailing Address 7243 BAXTERSHIRE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2011
	City	State	Zip Code
	DALLAS	TX	75230-3170
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR407201326386
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 ▼	<input type="text"/> 57.00
		<input type="text"/> 418.00	P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) THOMAS WOLF		Date of Receipt
	Mailing Address 2613 MILLINGTON DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2011
	City	State	Zip Code
	PLANO	TX	75093-3560
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR407205126386
Name of Employer TENET HEALTHCARE CORPORATION		Occupation MGR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 48.00
		<input type="text"/> 256.00	P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 162.00
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 / 40
(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)
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 ▼ 304.00
 Date of Receipt 07 / 31 / 2011
Transaction ID: PR407210526386
 Amount of Each Receipt this Period 57.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
STEVE BROWN
 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 CORPORAT-ION Occupation EVP, CHIEF INFO OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3040.00
 Date of Receipt 07 / 31 / 2011
Transaction ID: PR407210626386
 Amount of Each Receipt this Period 570.00
 P/R Deduction (\$190.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOHN B MCDONALD
 Mailing Address 2230 WARNER ROAD
 City FORT WORTH State TX Zip Code 76110-1752
 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 ▼ 608.00
 Date of Receipt 07 / 31 / 2011
Transaction ID: PR407215826386
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 741.00
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 / 40
(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)
SHERRY J HENDERSON

Mailing Address 25 NIGHT HERON PL

City State Zip Code
HICKORY NC 28601-8806

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

Name of Employer Occupation
FRYE REGIONAL MEDICAL CENTER CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR407219726386

Amount of Each Receipt this Period
60.00

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

B.

Full Name (Last, First, Middle Initial)
JAMES E MCPARTLAND

Mailing Address 1805 LONGWOOD CT

City State Zip Code
ALLEN TX 75013-3074

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR407221526386

Amount of Each Receipt this Period
57.00

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

C.

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

Mailing Address 4006 RAMSGATE CT

City State Zip Code
COLLEYVILLE TX 76034-4473

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR407222126386

Amount of Each Receipt this Period
114.00

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

SUBTOTAL of Receipts This Page (optional) ► **231.00**

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 23 / 40

(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) ROBERT S HENDLER		Date of Receipt
	Mailing Address 11122 W RICKS CIRCLE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	DALLAS	TX	75230-3032
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation REGIONAL CMO	Transaction ID: PR407222826386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="800.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="150.00"/>
		P/R Deduction (\$50.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) DOUGLAS E RABE		Date of Receipt
	Mailing Address 9923 CAPRIDGE DR		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	DALLAS	TX	75238-3469
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	Transaction ID: PR407227326386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="320.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="60.00"/>
		P/R Deduction (\$20.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) MICHAEL S HONGOLA		Date of Receipt
	Mailing Address 6704 WESTMONT DRIVE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	COLLEYVILLE	TX	76034-7263
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	Transaction ID: PR407227626386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="320.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="60.00"/>
		P/R Deduction (\$20.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="270.00"/>
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 24 / 40
(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 K RUFF

Mailing Address 714 KENT CT

City SOUTHLAKE State TX Zip Code 76092-8868

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP & GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3072.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR407229226386

Amount of Each Receipt this Period 576.00

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

B.

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

Mailing Address 3014 CASTLE PINES DRIVE

City DULUTH State GA Zip Code 30097-2039

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

Name of Employer ATLANTA MEDICAL CENTER Occupation MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR407231826386

Amount of Each Receipt this Period 60.00

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

C.

Full Name (Last, First, Middle Initial)
JOHN QUINN

Mailing Address 1138 PINE VALLEY ROAD

City GRIFFIN State GA Zip Code 30224-4953

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

Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1608.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR407236026386

Amount of Each Receipt this Period 114.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 25 / 40
	<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) CHARLES MILLER		Date of Receipt
	Mailing Address 747 MENDENHALL 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 07 / 31 / 2011
	City	State	Zip Code
	FORT MILL	SC	29715-7852
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407241426386
Name of Employer PIEDMONT MEDICAL CENTER		Occupation MARKET 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 ▼ 304.00	<input type="text"/> 57.00
			P/R Deduction (\$19.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JOHN F HOLLAND		Date of Receipt
	Mailing Address 3610 EDGEWATER STREET		<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 07 / 31 / 2011
	City	State	Zip Code
	DALLAS	TX	75205-4317
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407242926386
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP, REGIONAL OPERATIONS	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 ▼ 1536.00	<input type="text"/> 288.00
			P/R Deduction (\$96.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JAMES D DORIS		Date of Receipt
	Mailing Address 264 IDLEWILDE 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 07 / 31 / 2011
	City	State	Zip Code
	SANFORD	NC	27332-9304
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407244826386
Name of Employer CENTRAL CAROLINA HOSPITAL		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 ▼ 560.00	<input type="text"/> 105.00
			P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
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 26 / 40
	<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) RALPH ALEMAN	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 6301 COLLINS AVE #2608	Transaction ID: PR407245326386
	City State Zip Code MIAMI BEACH FL 33141-4645	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HIALEAH HOSPITAL CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) DAVID L ARCHER	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 2594 HOCKSETT COVE	Transaction ID: PR407250426386
	City State Zip Code GERMANTOWN TN 38139-6655	Amount of Each Receipt this Period 288.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SAINT FRANCIS HOSPITAL MARKET CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00	P/R Deduction (\$96.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) STEPHEN L NEWMAN MD	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 11034 TIBBS STREET	Transaction ID: PR407257726386
	City State Zip Code DALLAS TX 75230-3450	Amount of Each Receipt this Period 576.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORATION CHIEF OPERATING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3072.00	P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	924.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 40
(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)
ALAN R CASON

Mailing Address 112 GOLDEN PHEASANT ST

City State Zip Code
SLIDELL LA 70461-3116

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

Name of Employer Occupation
NORTHSHORE REGIONAL MEDICAL CENTER CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 313.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR407263526386

Amount of Each Receipt this Period
57.00

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

B.

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 Occupation
CYPRESS FAIRBANKS MEDICAL CENTER CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 560.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR407265626386

Amount of Each Receipt this Period
105.00

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

C.

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 Occupation
COMMUNITY HOSPITAL OF LOS GATOS CEO

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

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR407266426386

Amount of Each Receipt this Period
90.00

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

SUBTOTAL of Receipts This Page (optional) ► **252.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 40
(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)
MICHELE C MEYER

Mailing Address 230 GRIMSLEY STAT BLUFF

City SAINT LOUIS State MO Zip Code 63129-5030

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

Name of Employer DES PERES HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR407268526386

Amount of Each Receipt this Period 114.00

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

B.

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

Mailing Address 23510 BERDON STREET

City WOODLAND HILLS State CA Zip Code 91367-3004

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

Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR407274126386

Amount of Each Receipt this Period 120.00

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

C.

Full Name (Last, First, Middle Initial)
KENT G CLAYTON

Mailing Address 3 TURTLE BAY DRIVE

City NEWPORT BEACH State CA Zip Code 92660-4266

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

Name of Employer PLACENTIA LINDA HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR407278126386

Amount of Each Receipt this Period 114.00

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

SUBTOTAL of Receipts This Page (optional) ► **348.00**

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 / 40
(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 J SLOAN

Mailing Address 615 STEVENS CT

City State Zip Code
DANVILLE CA 94506-4805

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

Name of Employer Occupation
SAN RAMON REGION MEDICAL CENTER CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR407278826386

Amount of Each Receipt this Period
57.00

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

B.

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

Mailing Address 980 ISABELLA WAY

City State Zip Code
SAN LUIS OBISPO CA 93405-6186

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

Name of Employer Occupation
SIERRA VISTA REGIONAL MEDICAL CENTER CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
618.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR407280326386

Amount of Each Receipt this Period
117.00

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

C.

Full Name (Last, First, Middle Initial)
RODNEY A REASONER

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
608.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR407280926386

Amount of Each Receipt this Period
114.00

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

SUBTOTAL of Receipts This Page (optional) ► **288.00**

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 30 / 40
(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 ▼ 608.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR407283926386

Amount of Each Receipt this Period
114.00

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

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

Mailing Address 38041 E. BOGERT TRAIL

City State Zip Code
PALM SPRINGS CA 92264-9638

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

Name of Employer Occupation
DESERT REGIONAL MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR407288726386

Amount of Each Receipt this Period
114.00

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 ▼ 310.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR413941926386

Amount of Each Receipt this Period
57.00

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

SUBTOTAL of Receipts This Page (optional) ► **285.00**

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 / 40
	<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) KENNETH F SUTHERLAND	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 102 WILMINGTON CT	Transaction ID: PR839152226386
	City State Zip Code SOUTHLAKE TX 76092-8492	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 608.00	

B.	Full Name (Last, First, Middle Initial) LINDA K MERCIER	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 14 COLUMBIA CREST PLACE	Transaction ID: PR839173326386
	City State Zip Code WOODLANDS TX 77382-1334	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. C	
Name of Employer HOUSTON NW MEDICAL CENTER	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 ▼ 304.00	

C.	Full Name (Last, First, Middle Initial) PATRICIA C JOHNSON	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 4616 LARGO DR.	Transaction ID: PR839196426386
	City State Zip Code FLOWER MOUND TX 75028-3936	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP HUMAN RESOURCES	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 ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	231.00
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 / 40
	<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) EDWARD MESCO	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 7365 NW 54TH STREET	Transaction ID: PR839477826386
	City State Zip Code LAUDERHILL FL 33319-6346	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
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 ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) KEM M MULLINS	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 10101 FRENCH SPRINGS RD	Transaction ID: PR839557426386
	City State Zip Code LAKELAND TN 38002-8425	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

C.	Full Name (Last, First, Middle Initial) AUDREY T ANDREWS	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 702 PENFOLDS	Transaction ID: PR840566926386
	City State Zip Code COPPELL TX 75019-4544	Amount of Each Receipt this Period 576.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, CHIEF COMPLIANCE OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3072.00	

SUBTOTAL of Receipts This Page (optional)	708.00
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 33 / 40
(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)
DREW P KAHN
Mailing Address 16015 KEMPTON PARK
City SPRING State TX Zip Code 77379-6730
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 ▼ 608.00
Date of Receipt 07 / 31 / 2011
Transaction ID: PR840590426386
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
DEBORAH DALEY
Mailing Address PO BOX 757
City EDGEWOOD State TX Zip Code 75117-0757
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation ADMINISTRATIVE ASSISTANT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Date of Receipt 07 / 31 / 2011
Transaction ID: PR840706226386
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CRYSTAL L HAYNES
Mailing Address 3924 FLORA PLACE
City ST. LOUIS State MO Zip Code 63110-3733
FEC ID number of contributing federal political committee. **C**
Name of Employer SAINT LOUIS UNIVERSITY HOSPITAL Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 624.00
Date of Receipt 07 / 31 / 2011
Transaction ID: PR840796026386
Amount of Each Receipt this Period 117.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 291.00
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 34 / 40
(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)
DAVID W BORDOFSKE

Mailing Address 5001 ASHLAND BELLE LANE

City State Zip Code
FRISCO TX 75035-7682

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 ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR840924626386

Amount of Each Receipt this Period
120.00

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

B.

Full Name (Last, First, Middle Initial)
TREVOR FETTER

Mailing Address 3821 BEVERLY DRIVE

City State Zip Code
DALLAS TX 75205-2807

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- CEO AND PRESIDENT
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1665.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR841482526386

Amount of Each Receipt this Period
999.00

P/R Deduction (\$333.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
HUILING ZHANG

Mailing Address 2901 DANIEL AVE

City State Zip Code
DALLAS TX 75205-1515

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SR DIR
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR841724226386

Amount of Each Receipt this Period
57.00

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

SUBTOTAL of Receipts This Page (optional) ► **1176.00**

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

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

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

FOR LINE NUMBER: PAGE 35 / 40
(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)
DEBBIE FOWLER
 Mailing Address 5018 SHADY GLEN
 City State Zip Code
GARLAND TX 75043-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
TENET HEALTHCARE CORPORAT- MGR
ION
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 272.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2011
Transaction ID: PR842079526386
 Amount of Each Receipt this Period
 51.00
 P/R Deduction (\$17.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JOHN TILLY
 Mailing Address 1221 WENTWOOD
 City State Zip Code
IRVING TX 75061-4456
 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) ▼ 1200.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2011
Transaction ID: PR842232426386
 Amount of Each Receipt this Period
 225.00
 P/R Deduction (\$75.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ELIZABETH JOHNSON
 Mailing Address 3302 MARSH LANE
 City State Zip Code
GRAPEVINE TX 76051-6828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 608.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2011
Transaction ID: PR842373126386
 Amount of Each Receipt this Period
 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 390.00
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 36 / 40
	<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) LESTER G COTTLE	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 1625 FAWN LN	Transaction ID: PR843874926386
	City State Zip Code HUNTINGDON VALLEY PA 19006-7917	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer ST CHRISTOPHER'S HOSPITAL FOR CHILDREN	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

B.	Full Name (Last, First, Middle Initial) MANUEL LINARES	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 7710 CENTER BAY DR	Transaction ID: PR844477226386
	City State Zip Code NORTH BAY VILLAGE FL 33141-4019	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer NORTH SHORE MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 608.00	

C.	Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 5412 GLENSHIRE DR	Transaction ID: PR844644426386
	City State Zip Code PLANO TX 75093-2800	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	321.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 40
	<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
	Mailing Address 1300 BINZ		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	HOUSTON	TX	77004-7016
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PLAZA SPECIALTY HOSPITAL		Occupation CEO	Transaction ID: PR844656626386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="304.00"/>	Amount of Each Receipt this Period <input type="text" value="57.00"/>
			P/R Deduction (\$19.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) THOMAS I RUNKLE		Date of Receipt
	Mailing Address 868B PENNOCK ST		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	PHILADELPHIA	PA	19130-1234
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL		Occupation DIRECTOR OF OPERATIONS	Transaction ID: PR844712826386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	Amount of Each Receipt this Period <input type="text" value="38.00"/>
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MICHAEL J KING		Date of Receipt
	Mailing Address 2713 STUYVESANT CR		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	MODESTO	CA	95356-0337
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DOCTORS MEDICAL CENTER-MODESTO		Occupation COO	Transaction ID: PR847417826386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="304.00"/>	Amount of Each Receipt this Period <input type="text" value="57.00"/>
			P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="152.00"/>
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 38 / 40

(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)
STEVEN G WASSERMAN

Mailing Address 6132 DEERHILL RD

City State Zip Code
OAK PARK CA 91377-5832

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

Name of Employer Occupation
CAP MANAGEMENT SYSTEMS CHIEF INFO OFFICER-CMS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR847970126386

Amount of Each Receipt this Period

57.00

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

B.

Full Name (Last, First, Middle Initial)
MONICA C VARGAS

Mailing Address 4017 FLAMINGO

City State Zip Code
EL PASO TX 79902-1313

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

Name of Employer Occupation
SIERRA PROVIDENCE EASTSIDE HOSPITAL COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR849126626386

Amount of Each Receipt this Period

57.00

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

C.

Full Name (Last, First, Middle Initial)
JAMES CLEMENTS

Mailing Address 3013 GOLF CREST LANE

City State Zip Code
WOODSTOCK GA 30189-8197

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

Name of Employer Occupation
SOUTH FULTON MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 608.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR849790226386

Amount of Each Receipt this Period

114.00

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

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

13045.00

**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 39 / 40

<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) Murphy for PA <hr/> Mailing Address P.O. Box 2020 <hr/> City Philadelphia State PA Zip Code 19103 <hr/> Purpose of Disbursement Patrick Murphy, ATTORNEY GENERAL PA Candidate Name Patrick Murphy <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33560959 Date of Disbursement 07 / 15 / 2011
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Patrick Murphy, ATTORNEY GENERAL PA
B. Full Name (Last, First, Middle Initial) Nebraska Hospital Association PAC <hr/> Mailing Address 3255 Salt Creek Circle Suite 100 <hr/> City Lincoln State NE Zip Code 68504-4778 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33560960 Date of Disbursement 07 / 15 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	2011 Contribution

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

1500.00

**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 40 / 40

<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)
Bill Nelson for U.S. Senate

Transaction ID: 33618300

Date of Disbursement

Mailing Address 972 West Whitmire Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	1

City State Zip Code
Melbourne FL 32935

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name
Bill Nelson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

2012 Primary

State: FL District:

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00
