

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
 Check if different than previously reported. (ACC)
Dallas TX 75202-2703

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

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

5. Covering Period 05 01 2011 through 05 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 06 15 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 | 5 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| 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 | 94535.52 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 11053.00 | 64858.50 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 105588.52 | 143356.54 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 14564.38 | 52332.40 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 91024.14 | 91024.14 | | | | | | | | |
| 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:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| 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) | 8994.00 | 39982.00 |
| (ii) Unitemized | 2059.00 | 24876.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 11053.00 | 64858.50 |
| (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) | 11053.00 | 64858.50 |
| 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)) | 11053.00 | 64858.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 11053.00 | 64858.50 |

| 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..... | 14000.00 | 47500.00 |
| 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..... | 564.38 | 4832.40 |
| 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)).. | 14564.38 | 52332.40 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 14564.38 | 52332.40 |

| 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) | 11053.00 | 64858.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11053.00 | 64858.50 |
| 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 / 41

(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)
CHARLES B ROBERTSON

Mailing Address 8311 HUNTERS MEADOW

City State Zip Code
ARLINGTON TN 38002-8453

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

Name of Employer
SAINT FRANCIS HOSPITAL-BA-RTLETT

Occupation
CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 33404545

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
SUE E HAAGA

Mailing Address 6822 BRIARMEADOWS DR

City State Zip Code
MEMPHIS TN 38120-3402

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

Name of Employer
SAINT FRANCIS HOSPITAL

Occupation
ASSOCIATE ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: 33404554

Amount of Each Receipt this Period

250.00

C.

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
CYPRESS FAIRBANKS MEDICAL CENTER

Occupation
COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR1025621125985

Amount of Each Receipt this Period

38.00

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

SUBTOTAL of Receipts This Page (optional)

788.00

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 / 41
(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)
KEVIN MCCASLIN
Mailing Address 5225 MAPLE AVENUE #4314
City DALLAS State TX Zip Code 75235-8449
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR COMPLIANCE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1056.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR1026156825985
Amount of Each Receipt this Period 192.00
P/R Deduction (\$96.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ROBERT RUSSELL
Mailing Address 1001 SARANAC PARK
City PEACHTREE CITY State GA Zip Code 30269-1274
FEC ID number of contributing federal political committee. **C**
Name of Employer SOUTH FULTON MEDICAL CENTER Occupation COO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR1159116225985
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
SHELLEY GILES
Mailing Address 3803 STOCKTON LN
City DALLAS State TX Zip Code 75287-4919
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR1479664425985
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 282.00
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 8 / 41
(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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) JEFFREY KOURY</p> <p>Mailing Address 42 BARNEBURG</p> <p>City State Zip Code DOVE CANYON CA 92679-4210</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer TENET HEALTHCARE CORPORAT- ION Occupation VP AND REGIONAL CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 418.00</p> | <p>Date of Receipt 05 / 31 / 2011</p> <p>Transaction ID: PR1481203525985</p> <p>Amount of Each Receipt this Period 76.00</p> <p>P/R Deduction (\$38.00 Bi-Weekly)</p> |
|---|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) MICHAEL K BURTNETT</p> <p>Mailing Address 1131 N. EDGEFIELD AVE</p> <p>City State Zip Code DALLAS TX 75208-3624</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer TENET HEALTHCARE CORPORAT- ION Occupation VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 418.00</p> | <p>Date of Receipt 05 / 31 / 2011</p> <p>Transaction ID: PR1568624525985</p> <p>Amount of Each Receipt this Period 76.00</p> <p>P/R Deduction (\$38.00 Bi-Weekly)</p> |
|---|--|

| | |
|--|--|
| <p>C. Full Name (Last, First, Middle Initial) THOMAS RICE</p> <p>Mailing Address 15126 FERDINAND DR</p> <p>City State Zip Code DALLAS TX 75248-6437</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer TENET HEALTHCARE CORPORAT- ION Occupation SVP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 421.00</p> | <p>Date of Receipt 05 / 31 / 2011</p> <p>Transaction ID: PR1592856025985</p> <p>Amount of Each Receipt this Period 78.00</p> <p>P/R Deduction (\$39.00 Bi-Weekly)</p> |
|--|--|

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 41
(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 SMITH

Mailing Address 5325 TATE AVE

City PLANO State TX Zip Code 75093-3433

FEC ID number of contributing federal political committee. C

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2011

Transaction ID: PR1592857725985

Amount of Each Receipt this Period 80.00

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

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

Mailing Address 404 N.CHURCH ST

City MCKINNEY State TX Zip Code 75069-3855

FEC ID number of contributing federal political committee. C

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 05 / 31 / 2011

Transaction ID: PR1592858225985

Amount of Each Receipt this Period 90.00

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

C. 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 ▼ 440.00

Date of Receipt 05 / 31 / 2011

Transaction ID: PR1734839225985

Amount of Each Receipt this Period 80.00

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

SUBTOTAL of Receipts This Page (optional) 250.00

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 / 41
(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)
LEAD 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 CORPORATION SR DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 439.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR1735529125985

Amount of Each Receipt this Period 88.00

P/R Deduction (\$44.00 Bi-Weekly)

B.

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 ▼ 209.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR1735905225985

Amount of Each Receipt this Period 38.00

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

C.

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

Mailing Address 6303 RICHMOND #202

City State Zip Code
DALLAS TX 75214-3674

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

Name of Employer Occupation
DOCTORS HOSPITAL-DALLAS COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR1735911225985

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional) ► **164.00**

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 / 41
(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)
DANIEL WALDMANN

Mailing Address 1111 MONTCLAIR AVENUE

City State Zip Code
DALLAS TX 75208-7114

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP, GOVERNMENT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR1814798525985

Amount of Each Receipt this Period
192.00

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

B.

Full Name (Last, First, Middle Initial)
ALBERT BARROCAS

Mailing Address 4050 SPALDING DR

City State Zip Code
ATLANTA GA 30350-1100

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

Name of Employer Occupation
SOUTH FULTON MEDICAL CENTER CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR2069711425985

Amount of Each Receipt this Period
38.00

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

C.

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

Mailing Address 391 E MILGEO AVE

City State Zip Code
RIPON CA 95366-2120

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

Name of Employer Occupation
DOCTORS HOSPITAL OF MANTECA CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR2174141225985

Amount of Each Receipt this Period
38.00

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

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: PAGE 12 / 41

(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 J CUNNAH | | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 163 VILLAGIO WEST | | Transaction ID: PR2174361625985 |
| | City PALM SPRINGS | State CA | Zip Code 92262-6395 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| | Name of Employer DESERT REGIONAL MEDICAL CENTER | Occupation CMO | P/R Deduction (\$50.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | | |

| | | | |
|---|--|-------------------|---|
| B. | Full Name (Last, First, Middle Initial) WADE TYRRELL | | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 7844 ANNA CALLA WAY | | Transaction ID: PR2174470725985 |
| | City BARTLETT | State TN | Zip Code 38133-5812 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 78.00 |
| | Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT | Occupation CNO | 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 ▼ 429.00 | | |

| | | | |
|---|--|-------------------|---|
| C. | Full Name (Last, First, Middle Initial) DENNIS MLITOS | | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 3204 GREENGATE DR | | Transaction ID: PR2174541525985 |
| | City MODESTO | State CA | Zip Code 95355-8446 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 76.00 |
| | Name of Employer DOCTORS MEDICAL CENTER-MODESTO | 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 ▼ 418.00 | | |

SUBTOTAL of Receipts This Page (optional) ▶

254.00

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 / 41
(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)
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 Occupation
TENET HEALTHCARE CORPORAT- SVP, HUMAN RESOURCES
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1056.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR2174559925985

Amount of Each Receipt this Period
192.00

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

B.

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 Occupation
TENET HEALTHCARE CORPORAT- SR DIR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 429.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR2174561225985

Amount of Each Receipt this Period
78.00

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

C.

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) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR2174563625985

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **470.00**

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 / 41
(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)
JEFFERY FLOCKEN
Mailing Address 27 NEW DAWN
City IRVINE State CA Zip Code 92620-1976
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR2174567325985
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
PATRICIA SECHI
Mailing Address 1850 S. OCEAN DRIVE #1802
City HALLANDALE BEACH State FL Zip Code 33009-7680
FEC ID number of contributing federal political committee. **C**
Name of Employer NORTH SHORE MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR2216476825985
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
SALLY A HURT-STEFFEN
Mailing Address 712 WALTHAM CT
City EL PASO State TX Zip Code 79922-2128
FEC ID number of contributing federal political committee. **C**
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR2248480225985
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 338.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 15 / 41
(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)
RUBEN O RODRIGUEZ

Mailing Address 6905 VILLA HERMOSA

City State Zip Code
EL PASO TX 79912-2341

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: PR2248482525985

Amount of Each Receipt this Period: 38.00

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

B. 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 SIERRA MEDICAL CENTER Occupation DIR PUBLIC RELATIONS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: PR2284144025985

Amount of Each Receipt this Period: 78.00

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

C. 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 TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: PR2284285125985

Amount of Each Receipt this Period: 38.00

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

SUBTOTAL of Receipts This Page (optional) ► **154.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 41

(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)
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
TWIN CITIES COMMUNITY HOSPITAL

Occupation
DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR2284585525985

Amount of Each Receipt this Period

78.00

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

B.

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 ▼
418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR2369304325985

Amount of Each Receipt this Period

76.00

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

C.

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 ▼
429.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR2387796625985

Amount of Each Receipt this Period

78.00

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

SUBTOTAL of Receipts This Page (optional) ▶

232.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 41
(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 6307 PRESTON PARKWAY

City State Zip Code
DALLAS TX 75205-1650

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR2398953025985

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 CENTER CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR2398965025985

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR2428718425985

Amount of Each Receipt this Period
57.00

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

SUBTOTAL of Receipts This Page (optional) ► **141.00**

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 41 |
| | <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 | | Date of Receipt |
| | Mailing Address 4241 VETERANS BLVD #200 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 1 |
| | City METAIRIE | State LA | Zip Code 70006 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: PR2440288725985 |
| | Amount of Each Receipt this Period | | <input type="text"/> 76.00 |
| Name of Employer DIAGNOSTIC IMAGING SERVICES | | Occupation CEO DIS | 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"/> 418.00 | |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) KELVIN BAGGETT | | Date of Receipt |
| | Mailing Address 5721 EDMONDSON ROAD PK #205 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 1 |
| | City NASHVILLE | State TN | Zip Code 37211-6563 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: PR2444580825985 |
| | Amount of Each Receipt this Period | | <input type="text"/> 78.00 |
| Name of Employer TENET HEALTHCARE CORPORATION | | Occupation CHIEF MEDICAL OFFICER | 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"/> 429.00 | |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) TYLER MURPHY | | Date of Receipt |
| | Mailing Address 108 LONDONBERRY TERRACE | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 1 |
| | City SOUTHLAKE | State TX | Zip Code 76092-7321 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: PR2444580925985 |
| | Amount of Each Receipt this Period | | <input type="text"/> 38.00 |
| Name of Employer TENET HEALTHCARE CORPORATION | | Occupation VP/TREASURER | 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"/> 209.00 | |

| | |
|--|-----------------------------|
| 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: (check only one) | PAGE 19 / 41 |
| | <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. JAMES MIKE THATCHER | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 2904 CROOKED STICK | Transaction ID: PR2460337925985 |
| | City State Zip Code PLANO TX 75093-6352 | Amount of Each Receipt this Period 38.00 |
| | FEC ID number of contributing federal political committee. C | |
| 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 ▼ 209.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) MR. JAMES M. COWLING | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 111 SUNSET COVE LANE | Transaction ID: PR2460338225985 |
| | City State Zip Code PALM BEACH GARDENS FL 33418-4607 | Amount of Each Receipt this Period 38.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer PALM BEACH GARDENS MEDICAL CENTER | Occupation CEO | P/R Deduction (\$19.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) DENISE BERGER | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 1504 COUNTRY BEND | Transaction ID: PR2492160325985 |
| | City State Zip Code SAINT CHARLES MO 63303-2512 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer DES PERES HOSPITAL | Occupation HOSPITAL COMPLIANCE OFFICER | P/R Deduction (\$25.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 126.00 |
| 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 / 41 |
| | <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) RONALD GROEPPER | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 21037 X STREET | Transaction ID: PR2497625825985 |
| | City State Zip Code ELKHORN NE 68022-3127 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer CREIGHTON UNIVERSITY MEDICAL CENTER | Occupation COO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) LUIS ALFONSO | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 7 SW 97TH COURT | Transaction ID: PR2542051425985 |
| | City State Zip Code MIAMI FL 33174-3527 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$100.00 Bi-Weekly) |
| Name of Employer PALMETTO GENERAL HOSPITAL | Occupation PHARMACIST-CLINICAL | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) MICHAEL HALTER | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 111 RIGHTERS MILL RD | Transaction ID: PR406763225985 |
| | City State Zip Code PENN VALLEY PA 19072-1312 | 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 HAHNEMANN UNIVERSITY HOSPITAL | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |

| | |
|--|---------------|
| 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 21 / 41
(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 State Zip Code
DALLAS TX 75230-3170

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 ▼ 323.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR407201325985

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 4185 CLOVERPORT RD

City State Zip Code
TOONE TN 38381-8059

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL COO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR407210525985

Amount of Each Receipt this Period
38.00

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

C. Full Name (Last, First, Middle Initial)
STEVE BROWN

Mailing Address 16 SARAH NASH CT

City State Zip Code
DALLAS TX 75225-2072

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- EVP, CHIEF INFO OFFICER
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2090.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR407210625985

Amount of Each Receipt this Period
380.00

P/R Deduction (\$190.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **456.00**

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 41 |
| | <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) JOHN B MCDONALD | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 2230 WARNER ROAD | Transaction ID: PR407215825985 |
| | City State Zip Code FORT WORTH TX 76110-1752 | 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 ▼ 418.00 | P/R Deduction (\$38.00 Bi-Weekly) |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) SHERRY J HENDERSON | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 25 NIGHT HERON PL | Transaction ID: PR407219725985 |
| | City State Zip Code HICKORY NC 28601-8806 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation FRYE REGIONAL MEDICAL CENTER CFO | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) JAMES E MCPARTLAND | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 1805 LONGWOOD CT | Transaction ID: PR407221525985 |
| | City State Zip Code ALLEN TX 75013-3074 | Amount of Each Receipt this Period 38.00 |
| | 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 ▼ 209.00 | P/R Deduction (\$19.00 Bi-Weekly) |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 154.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 41 |
| | <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) JOE D THOMASON | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 4006 RAMSGATE CT | Transaction ID: PR407222125985 |
| | City State Zip Code COLLEYVILLE TX 76034-4473 | 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 TENET HEALTHCARE CORPORATION | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 418.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) ROBERT S HENDLER | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 11122 W RICKS CIRCLE | Transaction ID: PR407222825985 |
| | City State Zip Code DALLAS TX 75230-3032 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$50.00 Bi-Weekly) |
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation REGIONAL CMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) DOUGLAS E RABE | Date of Receipt MM / DD / YYYY 05 / 31 / 2011 |
| | Mailing Address 9923 CAPRIDGE DR | Transaction ID: PR407227325985 |
| | City State Zip Code DALLAS TX 75238-3469 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation VP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|---|--------|
| 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 24 / 41
(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)
MICHAEL S HONGOLA

Mailing Address 6704 WESTMONT DRIVE

City State Zip Code
COLLEYVILLE TX 76034-7263

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR407227625985

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2112.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR407229225985

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR407231825985

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: PAGE 25 / 41
(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 QUINN

Mailing Address 1138 PINE VALLEY ROAD

City State Zip Code
GRIFFIN GA 30224-4953

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

Name of Employer Occupation
SPALDING REGIONAL HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1418.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: PR407236025985
Amount of Each Receipt this Period: 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CHARLES MILLER

Mailing Address 747 MENDENHALL CT

City State Zip Code
FORT MILL SC 29715-7852

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

Name of Employer Occupation
PIEDMONT MEDICAL CENTER MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: PR407241425985
Amount of Each Receipt this Period: 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. 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 CORPORATION SVP, REGIONAL OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: PR407242925985
Amount of Each Receipt this Period: 192.00
P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 306.00

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 / 41

(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) JAMES D DORIS | | Date of Receipt |
| | Mailing Address 264 IDLEWILDE LANE | | <input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | SANFORD | NC | 27332-9304 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer CENTRAL CAROLINA HOSPITAL | | Occupation CEO | Transaction ID: PR407244825985 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="385.00"/> | Amount of Each Receipt this Period <input type="text" value="70.00"/> |
| | | | P/R Deduction (\$35.00 Bi-Weekly) |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) RALPH ALEMAN | | Date of Receipt |
| | Mailing Address 6301 COLLINS AVE #2608 | | <input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | MIAMI BEACH | FL | 33141-4645 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer HIALEAH HOSPITAL | | Occupation CEO | Transaction ID: PR407245325985 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="220.00"/> | 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) DAVID L ARCHER | | Date of Receipt |
| | Mailing Address 2594 HOCKSETT COVE | | <input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | GERMANTOWN | TN | 38139-6655 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer SAINT FRANCIS HOSPITAL | | Occupation MARKET CEO | Transaction ID: PR407250425985 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="1056.00"/> | Amount of Each Receipt this Period <input type="text" value="192.00"/> |
| | | | P/R Deduction (\$96.00 Bi-Weekly) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="302.00"/> |
| 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 27 / 41
(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 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 Occupation
TENET HEALTHCARE CORPORAT- CHIEF OPERATING OFFICER
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2112.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR40725725985

Amount of Each Receipt this Period
384.00

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

B. 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 MEDIC- CEO
AL CENTER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 218.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR407263525985

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 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 Occupation
CYPRESS FAIRBANKS MEDICAL CEO
CENTER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 385.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR407265625985

Amount of Each Receipt this Period
70.00

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

SUBTOTAL of Receipts This Page (optional) ► **492.00**

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 / 41
(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)
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 ▼ 330.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR407266425985
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 ▼ 418.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR407268525985
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 ▼ 440.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR407274125985
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 29 / 41 |
| | <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 |
| | Mailing Address 3 TURTLE BAY DRIVE | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 1 |
| | City | State | Zip Code |
| | NEWPORT BEACH | CA | 92660-4266 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: PR407278125985 |
| | | Amount of Each Receipt this Period | <input type="text"/> 76.00 |
| Name of Employer PLACENTIA LINDA HOSPITAL | | 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"/> 418.00 | |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) GARY J SLOAN | | Date of Receipt |
| | Mailing Address 615 STEVENS CT | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 1 |
| | City | State | Zip Code |
| | DANVILLE | CA | 94506-4805 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: PR407278825985 |
| | | Amount of Each Receipt this Period | <input type="text"/> 38.00 |
| Name of Employer SAN RAMON REGION MEDICAL CENTER | | Occupation CEO | P/R Deduction (\$19.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 209.00 | |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) CANDACE MARKWITH | | Date of Receipt |
| | Mailing Address 980 ISABELLA WAY | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 1 |
| | City | State | Zip Code |
| | SAN LUIS OBISPO | CA | 93405-6186 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: PR407280325985 |
| | | Amount of Each Receipt this Period | <input type="text"/> 78.00 |
| Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER | | Occupation CEO | 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"/> 423.00 | |

| | |
|--|-----------------------------|
| 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 30 / 41
(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)
RODNEY A REASONER

Mailing Address 1960 MARY LEE LN

City ALLEN State TX Zip Code 75002-8528

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2011
Transaction ID: PR407280925985
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

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

Mailing Address 21521 TURTLEDOVE STREET

City TRABUCO CANYON State CA Zip Code 92679-3486

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

Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2011
Transaction ID: PR407283925985
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

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

Mailing Address 38041 E. BOGERT TRAIL

City PALM SPRINGS State CA Zip Code 92264-9638

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

Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2011
Transaction ID: PR407288725985
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 31 / 41
(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)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 215.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR413941925985

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 102 WILMINGTON CT

City State Zip Code
SOUTHLAKE TX 76092-8492

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP

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

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR839152225985

Amount of Each Receipt this Period
76.00

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

C. Full Name (Last, First, Middle Initial)
LINDA K MERCIER

Mailing Address 14 COLUMBIA CREST PLACE

City State Zip Code
WOODLANDS TX 77382-1334

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

Name of Employer Occupation
HOUSTON NW MEDICAL CENTER COO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR839173325985

Amount of Each Receipt this Period
38.00

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

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 32 / 41
(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)
PATRICIA C JOHNSON

Mailing Address 4616 LARGO DR.

City State Zip Code
FLOWER MOUND TX 75028-3936

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP HUMAN RESOURCES
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR839196425985

Amount of Each Receipt this Period
40.00

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

B. Full Name (Last, First, Middle Initial)
EDWARD MESCO

Mailing Address 7365 NW 54TH STREET

City State Zip Code
LAUDERHILL FL 33319-6346

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR839477825985

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 10101 FRENCH SPRINGS RD

City State Zip Code
LAKELAND TN 38002-8425

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL-BA- CEO
RTLETT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR839557425985

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional) ► 128.00

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 / 41
(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)
AUDREY T ANDREWS
Mailing Address 702 PENFOLDS
City COPPELL State TX Zip Code 75019-4544
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF COMPLIANCE OFFICER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2112.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR840566925985
Amount of Each Receipt this Period 384.00
P/R Deduction (\$192.00 Bi-Weekly)

B. 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 ▼ 418.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR840590425985
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C. 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 ▼ 220.00
Date of Receipt 05 / 31 / 2011
Transaction ID: PR840706225985
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 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: PAGE 34 / 41
(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)
CRYSTAL L HAYNES

Mailing Address 3924 FLORA PLACE

City State Zip Code
ST. LOUIS MO 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 ▼ 429.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR840796025985

Amount of Each Receipt this Period 78.00

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

B.

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 TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR840924625985

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 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 TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR841724225985

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional) ► **196.00**

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 / 41
(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)
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 CORPORATION VP & ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR842232425985

Amount of Each Receipt this Period
150.00

P/R Deduction (\$75.00 Bi-Weekly)

B.

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 CORPORATION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR842373125985

Amount of Each Receipt this Period
76.00

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

C.

Full Name (Last, First, Middle Initial)
LESTER G COTTLE

Mailing Address 1625 FAWN LN

City State Zip Code
HUNTINGDON VALLEY PA 19006-7917

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

Name of Employer Occupation
ST CHRISTOPHER'S HOSPITAL FOR CHILDREN CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR843874925985

Amount of Each Receipt this Period
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: PAGE 36 / 41
(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)
MANUEL LINARES

Mailing Address 7710 CENTER BAY DR

City State Zip Code
NORTH BAY VILLAGE FL 33141-4019

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

Name of Employer Occupation
NORTH SHORE MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR844477225985

Amount of Each Receipt this Period
76.00

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

B.

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

Mailing Address 5412 GLENSHIRE DR

City State Zip Code
PLANO TX 75093-2800

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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR844644425985

Amount of Each Receipt this Period
100.00

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

C.

Full Name (Last, First, Middle Initial)
STEVEN B BARR

Mailing Address 1300 BINZ

City State Zip Code
HOUSTON TX 77004-7016

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

Name of Employer Occupation
PLAZA SPECIALTY HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: PR844656625985

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional) ► **214.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 41
(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)
THOMAS I RUNKLE

Mailing Address 868B PENNOCK ST

City PHILADELPHIA State PA Zip Code 19130-1234

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

Name of Employer HAHNEMANN UNIVERSITY HOSP-ITAL Occupation DIRECTOR OF OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2011
Transaction ID: PR844712825985

Amount of Each Receipt this Period 57.00

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

B.

Full Name (Last, First, Middle Initial)
MICHAEL J KING

Mailing Address 2713 STUYVESANT CR

City MODESTO State CA Zip Code 95356-0337

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

Name of Employer DOCTORS MEDICAL CENTER-MODESTO Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2011
Transaction ID: PR847417825985

Amount of Each Receipt this Period 38.00

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

C.

Full Name (Last, First, Middle Initial)
STEVEN G WASSERMAN

Mailing Address 6132 DEERHILL RD

City OAK PARK State CA Zip Code 91377-5832

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2011
Transaction ID: PR847970125985

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional) ► **133.00**

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 41 |
| | <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) MONICA C VARGAS | | Date of Receipt |
| | Mailing Address 4017 FLAMINGO | | <input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | EL PASO | TX | 79902-1313 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL | | Occupation COO | Transaction ID: PR849126625985 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="209.00"/> | |
| | | Amount of Each Receipt this Period <input type="text" value="38.00"/> | |
| | | P/R Deduction (\$19.00 Bi-Weekly) | |

| | | | |
|---|--|--|---|
| B. | Full Name (Last, First, Middle Initial) JAMES CLEMENTS | | Date of Receipt |
| | Mailing Address 3013 GOLF CREST LANE | | <input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | WOODSTOCK | GA | 30189-8197 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer SOUTH FULTON MEDICAL CENTER | | Occupation CEO | Transaction ID: PR849790225985 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="418.00"/> | |
| | | Amount of Each Receipt this Period <input type="text" value="76.00"/> | |
| | | P/R Deduction (\$38.00 Bi-Weekly) | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="114.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="8994.00"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza</p> <p>Mailing Address P.O. Box 576473</p> <p>City Modesto State CA Zip Code 95357</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Dennis Cardoza</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 18</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 33262540</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p> |
| <p>B. Full Name (Last, First, Middle Initial) The Majority Committee</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name The Majority Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 33302152</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2011 Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Rep. Allyson Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 13</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 33349150</p> <p>Date of Disbursement 05 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p> |

| | |
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| 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 40 / 41

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Becerra for Congress</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 30</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 33356081</p> <p>Date of Disbursement 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p> |
| <p>B. Full Name (Last, First, Middle Initial) Roskam For Congress Committee</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Rep. Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 33356082</p> <p>Date of Disbursement 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p> |
| <p>C. Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 33356083</p> <p>Date of Disbursement 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2012 Primary</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| TOTAL This Period (last page this line number only) | 14000.00 |

**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 41 / 41

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
Committee to Elect Mark Hilton

Transaction ID: 33301767

Date of Disbursement

Mailing Address 1375 Lenoir Rhyne Boulevard SE #20

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 2 | | 2 | 0 | 1 | 1 |

City State Zip Code
Hickory NC 28602

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Purpose of Disbursement
Mark Hilton, STATE HOUSE 96th NC

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
NC Rep. Mark Hilton

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Mark Hilton, STATE HOUSE
96th NC

State: NC District: 96

SUBTOTAL of Disbursements This Page (optional) ►

| |
|--------|
| 500.00 |
|--------|

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

| |
|--------|
| 500.00 |
|--------|