

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 (12S)
Election on **11 / 08 / 2016** in the State of **TX**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period **10 / 01 / 2016** through **10 / 19 / 2016**

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

Signature of Treasurer Plott, Todd, , Mr., [Electronically Filed] Date **10 / 24 / 2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="98102.48"/>	<input type="text" value="98102.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="101160.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12478.12"/>	<input type="text" value="137763.53"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="113638.14"/>	<input type="text" value="235866.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="122227.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="113638.14"/>	<input type="text" value="113638.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11163.42	89450.83
(ii) Unitemized	1314.70	48312.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12478.12	137763.53
(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)	12478.12	137763.53
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12478.12	137763.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12478.12	137763.53

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1200.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1200.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	92600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	-323.00
(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	-323.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	28750.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	122227.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	122227.87

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12478.12	137763.53
34. Total Contribution Refunds (from Line 28(d))	0.00	-323.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12478.12	138086.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1200.87
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	1200.87

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 76
<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. PINKALL, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6526 ANITA ST
 City DALLAS State TX Zip Code 75214-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) SENIOR COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AFA8576F1433C413EBE6
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. JOHNSTON, RICKY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 N.CHURCH ST
 City MCKINNEY State TX Zip Code 75069-3854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Ops And Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AF9B82628C7FD432D9B8
 Amount of Each Receipt this Period 90.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. VARGAS, MONICA, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4017 FLAMINGO
 City EL PASO State TX Zip Code 79902-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE SIERRA CAMPUS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A64C7C2EF8E0C4BA29C6
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	206.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 76
<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. SCHWARTZ, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3560 DALLAS PARKWAY
 City FRISCO State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) SENIOR COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AC17E56C9853840CD9A5
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. FOWLER, KAREN, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8306 TURQUOISE
 City EL PASO State TX Zip Code 79904-2513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Memorial Campus Occupation (for Individual) CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A4D4462E91D214072B13
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. LAND, CHAD, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 LAKEWOOD DRIVE
 City TROPHY CLUB State TX Zip Code 76262-5294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Audit Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 327.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AC35BCCA2FD004EB2A5E
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MOREY, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4634 NORTH 36TH STREET
 Suite 1400
 City PHOENIX State AZ Zip Code 85018-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABRAZO WEST CAMPUS Occupation (for Individual) CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A027ABE13790E4334B0B
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. PATTERSON, JANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5572 SOUTHERN HILLS DR
 City FRISCO State TX Zip Code 75034-1566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) SVP, Revenue Cycle Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A6E62DFBE75D64D3F90E
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. MACLAUHLAN, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 SUMMER STREET
 City WORCESTER State MA Zip Code 01608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Vincent Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A682FA250C947473B9EA
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/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 9 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CHACKO, BENSON, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6308 LA POSTA
 City EL PASO State TX Zip Code 79912-3040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE SIERRA CAMPUS Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A94A0ADC9643945349CA
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. SLAVIN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10912 CORTEZ CT.
 City FRISCO State TX Zip Code 75033-5345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, COMP BENF & CORP HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A1C9487E60B1A4A74A1B
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. KNOX, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8327 WINE CUP HILL
 City SAN ANTONIO State TX Zip Code 78256-2498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAPTIST HEALTH SYSTEM Occupation (for Individual) CEO-Chief Admin Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 649.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A7922A54F5906489A893
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 76
	<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. WALDMANN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 N. MONTCLAIR AVE
 City DALLAS State TX Zip Code 75208-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) SVP, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A9F0BDF73FB8C44429CA
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$96.00/Bi-Weekly

B. LINARES, MANUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6801 SW 75TH AVE Apt 901
 City MIAMI State FL Zip Code 33143-3693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH SHORE MEDICAL CENTER Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AC9EAF9DAAE3A4CA28E7
 Amount of Each Receipt this Period 76.00
 Memo Item
 Payroll Deduction: \$38.00/Bi-Weekly

C. TYLER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3560 DALLAS PARKWAY
 City FRISCO State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) VP, Information SystemS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AFD6312C27DC94AEE8BB
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/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: (check only one)	PAGE 11 OF 76
	<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. BREWER, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 641 NORTH AVE N.E. #1407
 City ATLANTA State GA Zip Code 30308-9582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROOKWOOD MEDICAL CENTER Occupation (for Individual) ASSOCIATE ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AA7AFA39475FC4FADA1C
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. CASON, ALAN, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2053 MOSSBERG DR. Apt 1503
 City PLANO State TX Zip Code 75023-5691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, UCC & Satellite Eds
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A26B1A3BAC4E54CD9864
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. SHERROD, EDLECIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1955 MARKET CTR BD #2418
 City DALLAS State TX Zip Code 75207-3480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Manager, Public Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB519AC2232CB4799B88
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll 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 12 OF 76
	<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. JOSEPHS, ALVIN, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3717 HERWOL AVE
 City WACO State TX Zip Code 76710-7218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Policy & Traning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AEA25B83CB3EA47098EF
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. SUTHERLAND, KENNETH, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1809 ST. PHILIP AVENUE
 City SOUTHLAKE State TX Zip Code 76092-8492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Construction & Design
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A10A1B7B405EF4F73AD8
 Amount of Each Receipt this Period 76.00
 Memo Item
 Payroll Deduction: \$38.00/Bi-Weekly

C. KRETZSCHMAR, NORMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 ROSS AVENUE
 City DALLAS State TX Zip Code 75202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Fin Hosp Ops & Integ
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ABDDDB02576A1046EF9C2
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. JORDAN, KENNETH, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17331 ALMELO LANE
 City HUNTINGTON BEA State CA Zip Code 92649-9046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FOUNTAIN VALLEY REGIONAL HOSPITAL Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A2BD1AB6AF21F490A94C
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. BORDOFSKE, DAVID, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5001 ASHLAND BELLE LANE
 City FRISCO State TX Zip Code 75035-7682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Patient Mgmt System
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A52B105254D3F45D7B62
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

C. EVANS, JASON, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3409 VILLANOVA STREET
 City DALLAS State TX Zip Code 75225-6018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) CEO, Region
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A4FAB3E2E697140CE835
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/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: (check only one)	PAGE 14 OF 76
	<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"/>	<input type="checkbox"/> 17

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

A. LEE, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 ROSS AVENUE
 City DALLAS State TX Zip Code 75202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, FINANCE PHYS DEVLPMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ACA79D57C4DF04036A8E
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. Kelley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5102 West Campbell Ave.
 City Phoenix State AZ Zip Code 85031-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abrazo Maryvale Campus Occupation (for Individual) Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AC31473956273412BACB
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. ARMIN, CRAIG, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23510 BERDON STREET
 City WOODLAND HILLS State CA Zip Code 91367-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, GOVT PROGRAMS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A520144A6F380434190D
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/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: (check only one)	PAGE 15 OF 76
	<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. HALTER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 RODNEY CIRCLE
 City BRYN MAWR State PA Zip Code 19010-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAHNEMANN HOSPITAL Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 579.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A36040031DDB3479DA52
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. MALONEY, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 S ARLINGTON AVENUE
 City ELMHURST State IL Zip Code 60126-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Suburban Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB92DCA27B98C425AB9F
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

C. SMITH, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8524 MAJESTIC OAK COURT
 City MONTGOMERY State TX Zip Code 77316-7657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) Director, Mecs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AEE89A599AAF14D5BA71
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 194.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 76
<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. FINNEY, MICHELE, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10010 W. VILLA LINDO DR.
 City PEORIA State AZ Zip Code 85383-3486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TENET PRACTICE RESOURCES Occupation (for Individual) CEO, Market/Sys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A53171143B2A046618F4
 Amount of Each Receipt this Period 76.00
 Memo Item
 Payroll Deduction: \$38.00/Bi-Weekly

B. MURPHY, TYLER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 LONDONBERRY TERR.
 City SOUTHLAKE State TX Zip Code 76092-7321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A215740166D7345F1956
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. ANDREWS, AUDREY, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 PENFOLDS
 City COPPELL State TX Zip Code 75019-4544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) SVP, General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A0534BCFD70174608990
 Amount of Each Receipt this Period 384.00
 Memo Item
 Payroll Deduction: \$192.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	498.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 76
	<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. HOLM, STAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20996 W. CORA VISTA
 Suite 1400
 City BUCKEYE State AZ Zip Code 85396-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABRAZO WEST CAMPUS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A9BB287D63ED543D6968
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. CLAYTON, KENT, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 BRANCH
 City IRVINE State CA Zip Code 92618-4266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOS ALAMITOS MEDICAL CENTER Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A7AB288F1070C4FBAB4D
 Amount of Each Receipt this Period 76.00
 Memo Item
 Payroll Deduction: \$38.00/Bi-Weekly

C. MICHAELS, MATTHEW, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3507 MUNSTEAD TRAIL
 City FRISCO State TX Zip Code 75034-1166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) SVP, President, Revenue Cycle Manag
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 559.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A307A99B5A3134FD2AD7
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 76
<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. GRAH, JOHN, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 CORNELL AVE

City ST LOUIS	State MO	Zip Code 63130-1842
------------------	-------------	------------------------

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

Name of Employer (for Individual) LAKEWOOD REGIONAL MEDICAL CENTER	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

Transaction ID : A8B8614BE4FE84481B3E

Amount of Each Receipt this Period
78.00

Memo Item
Payroll Deduction: \$39.00/Bi-Weekly

B. SASSANO, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10847 LOCHSPRING DRIVE

City DALLAS	State TX	Zip Code 75218-1201
----------------	-------------	------------------------

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

Name of Employer (for Individual) Tenet Healthcare	Occupation (for Individual) Director, Reg Phy Bus Dev
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

Transaction ID : AEFB844BA18464181A0A

Amount of Each Receipt this Period
38.00

Memo Item
Payroll Deduction: \$19.00/Bi-Weekly

C. KARNUTA, DANIEL, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 981 PATRICIAN COURT

City FARVIEW	State TX	Zip Code 75069-8781
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Tenet Patient Financial Services	Occupation (for Individual) SVP, CFO
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

Transaction ID : A810C44EB33A444E9ADB

Amount of Each Receipt this Period
80.00

Memo Item
Payroll Deduction: \$40.00/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: (check only one)	PAGE 19 OF 76
	<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. PERREIRA, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2972 HARROW ROAD
 City SPRING HILL State FL Zip Code 34608-4429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) SR SPEC, INPAT/CASE MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB89DD684190A4046B13
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. EUSEBIO, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 82-814 PEMBROKE LANE
 City INDIO State CA Zip Code 92201-9692
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John F Kennedy Memorial Hospital Occupation (for Individual) CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ACE2AA20B27D84C0FBD6
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. BRASHEAR, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3560 DALLAS PARKWAY
 City FRISCO State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) SVP, General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1632.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A34956F5332CC448A9F1
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$96.00/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: (check only one)	PAGE 20 OF 76
<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. GILES, SHELLEY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Tenet Healthcare	Occupation (for Individual) Director, Relocation
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

Transaction ID : AD600C53C6334395BED

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction: \$20.00/Bi-Weekly

B. KATZIN, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3080 CANTERBERRY DRIVE

City BOCA RATON	State FL	Zip Code 33434
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Tenet Florida Service Center	Occupation (for Individual) Reg/Market CMO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

Transaction ID : ADF3D4377929B43E8A26

Amount of Each Receipt this Period
38.00

Memo Item
Payroll Deduction: \$19.00/Bi-Weekly

C. DUNN, DINA, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3717 CHERRY RIDGE DR

City FRISCO	State TX	Zip Code 75033-1328
----------------	-------------	------------------------

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

Name of Employer (for Individual) Tenet Healthcare	Occupation (for Individual) VP, HR Services
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

Transaction ID : AEF05044668C14F68AF0

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction: \$25.00/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: (check only one)	PAGE 21 OF 76
	<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. STEINER, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11226 POINTE COURT
 City SAINT LOUIS State MO Zip Code 63127-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MacNeal Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A57B658232EFE4AB9AF4
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. CHICK, WESLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6401 FITZGERALD DR. #1400
 City PLANO State TX Zip Code 75074-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A88A0A7F1232142D1A26
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

C. JOHNSON, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3302 MARSH LANE
 City GRAPEVINE State TX Zip Code 76051-6828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, APPLIED CLINICAL INF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AC5847BF343D14FB0A96
 Amount of Each Receipt this Period 76.00
 Memo Item
 Payroll Deduction: \$38.00/Bi-Weekly

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 76
	<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. HONGOLA, MICHAEL, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6704 WESTMONT DRIVE
 City COLLEYVILLE State TX Zip Code 76034-7263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Erp Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AE097834395AB4BFF9D3
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. HURT-DEITCH, SALLY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Providence Memorial Campus Occupation (for Individual) CEO, Market/Sys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A881511AC5C084E5593B
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. COCHRAN, WEBB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3961 ST. CLAIRE CT
 City ATLANTA State GA Zip Code 30319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ACAF889FEBFDB47BDB40
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/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 23 OF 76
<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. PERRY, PHIL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8195 LANDING SOUTH

City Sandy Springs	State GA	Zip Code 30350-2617
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Tenet Healthcare	Occupation (for Individual) Reg/Market CMO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

Transaction ID : A86D1BA98BDD64D768C6

Amount of Each Receipt this Period
78.00

Memo Item
Payroll Deduction: \$39.00/Bi-Weekly

B. LISA, MARK, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 179 NIBLICK ROAD #129

City PASO ROBLES	State CA	Zip Code 93446-2120
---------------------	-------------	------------------------

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

Name of Employer (for Individual) TWIN CITIES COMMUNITY HOSPITAL	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

Transaction ID : A77D6343F85AC40CDA28

Amount of Each Receipt this Period
78.00

Memo Item
Payroll Deduction: \$39.00/Bi-Weekly

C. TEDESCHI, ANTHONY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 CHRISTINA CIRCLE

City WHEATON	State IL	Zip Code 60189-3115
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Weiss Memorial Hospital	Occupation (for Individual) CEO, Market/Sys
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2016

Transaction ID : A4FEA5F89392348FCA5E

Amount of Each Receipt this Period
38.00

Memo Item
Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	194.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. MARTIN, THALIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3802 SACO WAY
 Suite 1400
 City EL PASO State TX Zip Code 79928-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE EAST CAMPUS Occupation (for Individual) Network Director, CQI Market
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ABBFB02AFB7D04976AE5
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. GRAF, ANDREAS, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3975 STOCKTON LANE
 City DALLAS State TX Zip Code 75287-4921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Manager, Travel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ADD5C2742C8A84B0B926
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. GLANCEY, RICHARD, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4418 SAINT ANDREWS BLVD
 City IRVING State TX Zip Code 75038-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A4219D1578849402D920
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/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 25 OF 76
	<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"/>	<input type="checkbox"/> 17

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

A. MOONEY, STEPHEN, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11549 CROMWELL CIRCLE

City DALLAS	State TX	Zip Code 75229-7503
----------------	-------------	------------------------

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

Name of Employer (for Individual) Tenet Patient Financial Services	Occupation (for Individual) PRESIDENT, CONIFER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1446.00

Date of Receipt
10 / 15 / 2016
Transaction ID : AFDE74CDD3A1B4C9BBD

Amount of Each Receipt this Period
192.00

Memo Item
Payroll Deduction: \$96.00/Bi-Weekly

B. Worley, Nathan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3280 Joe Battle Blvd.

City El Paso	State TX	Zip Code 79938-2622
-----------------	-------------	------------------------

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

Name of Employer (for Individual) The Hospitals of Providence East Campu	Occupation (for Individual) Director, Business Development
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
10 / 15 / 2016
Transaction ID : A9CD96C572AAB42F384C

Amount of Each Receipt this Period
38.00

Memo Item
Payroll Deduction: \$19.00/Bi-Weekly

C. KELLIS, DANA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 E QUINCY

City SAN ANTONIO	State TX	Zip Code 78215
---------------------	-------------	-------------------

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

Name of Employer (for Individual) BAPTIST HEALTH SYSTEM	Occupation (for Individual) CMO Market/Sys
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
429.00

Date of Receipt
10 / 15 / 2016
Transaction ID : A2880EF2454324D49828

Amount of Each Receipt this Period
78.00

Memo Item
Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	308.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
	<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. ARCHER, DAVID, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2594 HOCKSETT COVE
 City GERMANTOWN State TN Zip Code 38139-6655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Francis Hospital Occupation (for Individual) MARKET CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A35516516620E4002880
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$96.00/Bi-Weekly

B. BEITER, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 W ST MARYS RD
 City TUCSON State AZ Zip Code 85745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carondelet St Marys Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A8E64C9AD3BF2492B8CA
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

C. ADAMS, TIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 808 PYRENEES DRIVE
 City SOUTHLAKE State TX Zip Code 76092-2052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) SVP, Ops Integration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A74C031DC300C45E7945
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	462.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76
	<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"/>	<input type="checkbox"/> 17

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

A. MALLETT, CONRAD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19386 CUMBERLAND WAY

City DETROIT	State MI	Zip Code 48203-1456
-----------------	-------------	------------------------

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

Name of Employer (for Individual) DMC-Harper University Hospital	Occupation (for Individual) CAO - Detroit Market
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.87

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2016

Transaction ID : AD8BBB30022524AC09CF

Amount of Each Receipt this Period
76.94

Memo Item
Payroll Deduction: \$38.47/Bi-Weekly

B. PUTHOFF, TIMOTHY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3910 BODEN LANE
Suite 1400

City SPRING	State TX	Zip Code 77386-2703
----------------	-------------	------------------------

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

Name of Employer (for Individual) HOUSTON NORTHWEST MEDICAL	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2016

Transaction ID : A908D31FE88B94282BAC

Amount of Each Receipt this Period
78.00

Memo Item
Payroll Deduction: \$39.00/Bi-Weekly

C. EWALD, LUANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 232 MIDLAND BLVD

City ROYAL OAK	State MI	Zip Code 48073-2670
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DMC-Children's Hospital of Michigan	Occupation (for Individual) DBD-ASSOC ADMINISTRATOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
632.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2016

Transaction ID : AFB992C07B23E4FD8B77

Amount of Each Receipt this Period
38.00

Memo Item
Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	192.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<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. PITTS, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4441 S. VERSAILLES AVE
 City Dallas State TX Zip Code 75205-3012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VICE CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A5BAC3ED529CD477C82E
 Amount of Each Receipt this Period 384.00
 Memo Item
 Payroll Deduction: \$192.00/Bi-Weekly

B. RODRIGUEZ, RUBEN, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6905 VILLA HERMOSA
 City EL PASO State TX Zip Code 79912-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE EAST CAMPUS Occupation (for Individual) Director, Plant Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A18D94D091FF94420B73
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

C. EADIE, REGINALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 KEELSON DRIVE
 City DETROIT State MI Zip Code 48215-1283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DMC-Harper University Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 15 / 2016
Transaction ID : A33F655FA334D4E80BFA
 Amount of Each Receipt this Period 38.48
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	500.48
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 OF 76
	<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. ROBERTS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13047 W ESTERO LN
 City LITCHFIELD PAR State AZ Zip Code 85340-5576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) SR SPEC, INPAT/CASE MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AF0DC135D75DB426DB86
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. FALKE, JEREMY, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 NATURAL BRIDGE DR
 City FRISCO State TX Zip Code 75034-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Talent, Cult&Perf Sys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A3A30F3EC25754D43801
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. CERVANTES, CONLEY, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 819 CAMBRIDGE MANOR LANE
 City COPPELL State TX Zip Code 75019-6105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Managed Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AC5D255C741874DCB9A1
 Amount of Each Receipt this Period 24.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 76
	<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. RANGEL JR, ARTURO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 PEASE STREET
 City HARLINGEN State TX Zip Code 78550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VALLEY BAPTIST MARKET Occupation (for Individual) Market VP, Lean-Qual-Perfrm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A0535B499AD6E4CCB9DF
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. BENZ, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1754 FORGE MOUNTAIN DR
 City VALLEY FORGE State PA Zip Code 19460-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CARONDELET ST JOSEPHS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A269C00004A4445138B8
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. ALEXANDER, JASON, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 ISLE OF HOPE RD
 City MOUNT PLEASANT State SC Zip Code 29464-5500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Cooper Community Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A6D0A662A1466413CAAB
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll 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 31 OF 76
<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. DEONARINE, LEONARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1129 WISHING WELL CT
 City CEDAR HILL State TX Zip Code 75104-8255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Business Continuity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A18AD600A496F488DB6F
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. CASTRO, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15408 FOX MEADOW LANE
 City FRISCO State TX Zip Code 75035-3671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) VP, CLIENT DELIVERY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 739.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A8AB031DA775E43F299E
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

C. MITCHELL, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1130 22ND STREET SOUTH
 City BIRMINGHAM State AL Zip Code 35205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAPTIST HEALTH SYSTEM Occupation (for Individual) Director, Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB8F02C77841B4E3AB73
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	194.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
	<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. KOURY, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 1/2 NARCISSUS AVE
 City CORONA DEL MAR State CA Zip Code 92625-4210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) CEO, Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AD7AF9544926B4942A63
 Amount of Each Receipt this Period 76.00
 Memo Item
 Payroll Deduction: \$38.00/Bi-Weekly

B. ADKINS, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 CYPRESS CREEK PKWY
 City HOUSTON State TX Zip Code 77090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOUSTON NORTHWEST MEDICAL Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A854F986FB8C5457F9EC
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

C. ESTRELLA, MARIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4920 NE STALLINGS DRIVE
 City NACOGDOCHES State TX Zip Code 75965-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NACOGDOCHES MEDICAL CENTER Occupation (for Individual) CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A94ED6E1CE3EB4FE19E8
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 76
	<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. COVARRUBIAS, MARITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7115 WILDGROVE AVE
 City DALLAS State TX Zip Code 75214-3841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, ASST GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A9D05C3841C594AF3939
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. TURNER, JOHN, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 LAND FALL DRIVE
 City Rock Hill State SC Zip Code 29732-9437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Practice Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 639.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A8002A465201346A6AE9
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. HONTS, JR., GARY, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78795 SAINT THOMAS DRIVE
 City BERMUDA DUNES State CA Zip Code 92203-1723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John F Kennedy Memorial Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AC5AC4A16CBB4483BB28
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$96.00/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: (check only one)	PAGE 34 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JONES, TARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 SURREY LANE
 City NATICK State MA Zip Code 01760-5200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Client Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A0B13EFDB2F6E4559C2
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. DALEY, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) TENET HEALTHCARE CORPORATION Occupation (for Individual) ASST - ADMINISTRATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB47A75127CC94C329D5
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. CLARK, JEREMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S. PORT ROYAL DRIVE Apt 19
 City HILTON HEAD State SC Zip Code 29928-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILTON HEAD HOSPITAL Occupation (for Individual) MARKET CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A01010D7FBEEB4211B74
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	158.00
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 35 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. QUIAMBAO, CEZAR, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 845 BRISA DEL MAR
 City EL PASO State TX Zip Code 79912-1513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Memorial Campus Occupation (for Individual) Director, Respiratory Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A639746F7686D439ABF3
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. RABE, DOUGLAS, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7746 EAGLE TRAIL
 City DALLAS State TX Zip Code 75238-4115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A41D1C8009A274804A3B
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

C. KATZ, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 363 ST. CLAIR
 City GROSSE POINTE State MI Zip Code 48230-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 15 / 2016
Transaction ID : AFFC3ADE4315E4C65AF0
 Amount of Each Receipt this Period 38.46
 Memo Item
 Payroll Deduction: \$19.23/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	154.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 76
	<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. WOLF, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2613 MILLINGTON DRIVE
 City PLANO State TX Zip Code 75093-3560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Manager, Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AAE078BC4A54C460BA79
 Amount of Each Receipt this Period 32.00
 Memo Item
 Payroll Deduction: \$16.00/Bi-Weekly

B. MESCO, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7365 NW 54TH STREET
 City LAUDERHILL State FL Zip Code 33319-6346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Florida Service Center Occupation (for Individual) Director, Reg Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A821F12A590B04E6BA10
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. STANHILL, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2819 WEDGEWOOD DRIVE
 City PASO ROBLES State CA Zip Code 93446-5436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TWIN CITIES COMMUNITY HOSPITAL Occupation (for Individual) CHIEF HR OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A719CC9EF636C4ABFA04
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 76
	<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. LEFFLER, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4123 WYCLIFF AVE
 City DALLAS State TX Zip Code 75219-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A2F0C6EC7D01443DB80C
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. BIERMAN, JR., MICHAEL, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 CENTER CT
 City HEATH State TX Zip Code 75032-5999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, OPS FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A851E1D5E85F3466BB27
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. DAVISON, COREY, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 BLAIRWOOD DR
 City FLOWER MOUND State TX Zip Code 75028-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, GOVERNMENT RELATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A871F3AFA84A44F589FE
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$96.00/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: (check only one)	PAGE 38 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CASTANON, PAUL, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6307 PRESTON PKWY
 City DALLAS State TX Zip Code 75205-1650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Deputy General Counsel & Corp Se
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A1E1AD3588AC947B6A5E
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. MONTONEY, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5541 HAWKS LANDING DRIVE
 City ARRINGTON State TN Zip Code 37014-7499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) CHIEF MEDICAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A5FF51A83F8F340319F5
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$96.00/Bi-Weekly

C. MCNEW, RUSTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3141 LOVERS LANE
 City DALLAS State TX Zip Code 75225-7720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) REG CHIEF NURSING EXEC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.63

Date of Receipt 10 / 15 / 2016
Transaction ID : A377DDEC55168429C940
 Amount of Each Receipt this Period 38.06
 Memo Item
 Payroll Deduction: \$19.03/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	268.06
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 39 OF 76
	<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. RUFF, GARY, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 BYRON NELSON PKWY
 City SOUTHLAKE State TX Zip Code 76092-8868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) SVP, Physician Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A20E1F1D2C58B43E7A24
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$96.00/Bi-Weekly

B. BEIERMANN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3560 DALLAS PARKWAY
 City FRISCO State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) VP, OPS PERF & ANALYTICS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AD87415EF315248EFB79
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. BAILEY, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 BURTON HILLS BLVD
 City NASHVILLE State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Ops Reimbursement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A4E0A19FE39A9456FB3E
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	422.00
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 40 OF 76
<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. HOLMAN, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7213 ELLIS ROAD
 City FORT WORTH State TX Zip Code 76112-4301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Manager, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A88B961FFD51E4D20BB9
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. MORRIS, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address ONE DELL PARKWAY
 City NASHVILLE State TN Zip Code 37217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) VP, BUSINESS DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A23F18A55CBE74DEDAA7
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. JORDAN, VICTOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 VAILWOOD COURT
 City Bloomfield Hills State MI Zip Code 48302-1573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DMC-Harper University Hospital Occupation (for Individual) CFO, REGION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AD8A1279978A04D3B922
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/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 41 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. MOLINARO, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6783 W GREENBRIAR DRIVE
 Suite 1400
 City GLENDALE State AZ Zip Code 85308-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABRAZO ARROWHEAD CAMPUS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AE041CB3CEEB040ED904
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. TURTON, KENDALL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 MADISON OAK DR
 City SAN ANTONIO State TX Zip Code 78258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Central Baptist Hospital Occupation (for Individual) CHIEF HR OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A5D8C9236D7A44084987
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. MALONEY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4514 WILDWOOD RD
 Suite 1400
 City DALLAS State TX Zip Code 75209-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) SVP, Acquisitions & Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A37FECA722D104C0089D
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll 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 42 OF 76
	<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. CLEARY, MARY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 940 BONNIE BRAE PLACE

City RIVER FOREST	State IL	Zip Code 60305-1512
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MacNeal Hospital	Occupation (for Individual) CFO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : A8D0100314B5B46A18C1

Amount of Each Receipt this Period
78.00

Memo Item
Payroll Deduction: \$39.00/Bi-Weekly

B. CARTER, RICHARD, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5166 LAKE CREST CR

City BIRMINGHAM	State AL	Zip Code 35226-3543
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BAPTIST HEALTH SYSTEM	Occupation (for Individual) CFO, Market/Sys
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : A2E68ED6E0E0648A2B11

Amount of Each Receipt this Period
38.00

Memo Item
Payroll Deduction: \$19.00/Bi-Weekly

C. MULLANY, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2169 TOTTENHAM ROAD

City BLOOMFIELD HIL	State MI	Zip Code 48301-2332
------------------------	-------------	------------------------

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

Name of Employer (for Individual) DMC-Harper University Hospital	Occupation (for Individual) CEO, Market
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2016.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : AF148B09BA82C4515879

Amount of Each Receipt this Period
192.00

Memo Item
Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	308.00
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 43 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ZERINGUE, NORMA, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5757 SOUTHWESTERN BLVD
 City DALLAS State TX Zip Code 75209-3437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) SVP, STRATEGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 579.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A9FED0853AFB54B5C9FB
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. WHEELER, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13802 MAGNOLIA MANOR
 City CYPRESS State TX Zip Code 77429-8162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cypress Fairbanks Med Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AAFEC5E5D7E2F477C878
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

C. MASON, JENNIFER, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5411 NE 22ND AVENUE
 City FORT LAUDERDAL State FL Zip Code 33308-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) COMPLIANCE OFFICER SR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AE736FEE266064BE5B29
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	186.00
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 44 OF 76
	<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. BRYAN, MARK, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17318 PAVAROSO ST

City BOCA RATON	State FL	Zip Code 33496-2581
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DELRAY COMMUNITY HOSPITAL	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : A338A9110350F4AED8C4

Amount of Each Receipt this Period
38.00

Memo Item
Payroll Deduction: \$19.00/Bi-Weekly

B. DAVIS, PAMELA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5760 DANIEL RD

City PLANO	State TX	Zip Code 75024-5914
---------------	-------------	------------------------

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

Name of Employer (for Individual) Tenet Patient Financial Services	Occupation (for Individual) Sr Director, AR Management Ops
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2016.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : A66C81F28E5634C64A1B

Amount of Each Receipt this Period
192.00

Memo Item
Payroll Deduction: \$96.00/Bi-Weekly

C. KING, MICHAEL, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GRIFFIN-SPALDING HOSPITAL	Occupation (for Individual) CFO (POOL)
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : A72D4020A43514E4AAC1

Amount of Each Receipt this Period
38.00

Memo Item
Payroll 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: (check only one)	PAGE 45 OF 76
	<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. BANDY, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9004 OLD SMYRNA ROAD
 City BRENTWOOD State TN Zip Code 37027-6058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, IS Architecture
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A7CF3623764904FEC870
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$96.00/Bi-Weekly

B. SLOAN, GARY, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 STEVENS CT
 City DANVILLE State CA Zip Code 94506-4805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Ramon Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ADDD28E6829694C36AAB
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. BURKE, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2242 MANN RD
 City LANSDALE State PA Zip Code 19446-5858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAHNEMANN HOSPITAL Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2016
Transaction ID : AC3A50F8BE3E04DA48DE
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	430.00
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 46 OF 76
<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. LOWRANCE, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1238 LADY LANE
 City DUNCANVILLE State TX Zip Code 75116-2018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016
Transaction ID : AE343A111FF9D43DCA0D
 Amount of Each Receipt this Period 250.00
 Memo Item

B. RUNKLE, THOMAS, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) HAHNEMANN HOSPITAL Occupation (for Individual) ASSOCIATE ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 08 / 2016
Transaction ID : AF51C67C74CC94670A5F
 Amount of Each Receipt this Period 19.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. DIAZ, JORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2361 SW 22 TER Apt 221
 City MIAMI State FL Zip Code 33145-2864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORAL GABLES HOSPITAL Occupation (for Individual) Director, Cardiopulmonary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 08 / 2016
Transaction ID : AFD1ADC2181654DA1977
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	279.00
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 47 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ATEK, KAYA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7227 W 31 AVE
 City HIALEAH State FL Zip Code 33016-5234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALMETTO GENERAL HOSPITAL Occupation (for Individual) Director, Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 08 / 2016
Transaction ID : AE4985B9013B04FE2BC4
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. SCHULS, ALFRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5017 PROSPERITY RIDGE RD
 City CHARLOTTE State NC Zip Code 28269-1538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PIEDMONT MEDICAL CENTER Occupation (for Individual) Director, Cardiovascular Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 08 / 2016
Transaction ID : AF5637B99C72C4C2EBF2
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. AMON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 AUBREY AVE SUITE 1400
 City PHILADELPHIA State PA Zip Code 19114-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAHNEMANN HOSPITAL Occupation (for Individual) CONTROLLER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 08 / 2016
Transaction ID : A1D360F62A5C746A1AF0
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	30.00
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 48 OF 76
	<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. FOSTER, RAYMOND, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68220 CONCEPCION RD
 City CATHEDRAL CITY State CA Zip Code 92234-3657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DESERT HOSPITAL Occupation (for Individual) Director-Imaging Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 08 / 2016
Transaction ID : AD71B14905E1D4AB5B9A
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. KOLODZIECZYK, JOSEFA, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 424 WESTWOOD ROAD
 City WEST PALM BEAC State FL Zip Code 33401-7934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Florida Service Center Occupation (for Individual) Controller - Regional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AFAE56385F99741DBB35
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. HIBRAY, ROBBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5008 WYATT PARK Suite 1400
 City NASHVILLE State TN Zip Code 37221-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Exec Recruitment
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ADDA8ED0723924EB09B0
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	50.00
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 49 OF 76
	<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. OXENDALE, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5526 CHILDS AVENUE
 City HINSDALE State IL Zip Code 60521-5154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MacNeal Hospital Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB2EE475138E64883A61
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. LAKTASH, VALERIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 441 N WENDY CIRCLE Suite 1400
 City ANAHEIM State CA Zip Code 92807-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PLACENTIA LINDA HOSPITAL Occupation (for Individual) Director, Plant Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB552816A3D834B80A74
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. SCHLEMMER, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9050 NW 59TH ST Suite 1400
 City PARKLAND State FL Zip Code 33067-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ST MARY'S MEDICAL CENTER Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A2679AEE8C7F84EAEAB6
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 76
	<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. DIPPEL, JULIE, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3706 ASH GLEN DRIVE
 City SPRING State TX Zip Code 77388-4154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Org Learning & Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A67625A0B382E468EB37
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. BALBOA, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12676 TIERRA ALZADA
 City EL PASO State TX Zip Code 79938-4734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE EAST CAMPUS Occupation (for Individual) CHIEF HR OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AC861FF2553A04931A76
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. AUTRY, PAULA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 RIVER PLACE DRIVE Suite 1400
 City DETROIT State MI Zip Code 48207-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DMC-Sinai-Grace Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.93

Date of Receipt 10 / 15 / 2016
Transaction ID : A16F6A8F410C24F3CAA1
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 76
	<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. SCHWARZKOPF, RUTH, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 GREENBRIER CT
 City ATLANTIS State FL Zip Code 33462-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WEST BOCA MEDICAL CENTER Occupation (for Individual) CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A765A0C1442E54A7E967
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. STEWART, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27291 CALLE DE LA ROSA
 City SAN JUAN CAPIS State CA Zip Code 92675-1873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Choice Physician Partners Occupation (for Individual) Sr Director, Business Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A0BF846E3391A4BA7A8D
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. PIETRI, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 LIGHTHOUSE DR
 City DENTON State TX Zip Code 76210-0094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Manager, Reimbursement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AE640264093CE45D394C
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 76
	<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. BENTOUNSI, KARIMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7845 N. ODELL AVENUE
 Suite 1400
 City NILES State IL Zip Code 60714-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Weiss Memorial Hospital Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AAB68FA0FA6344AFC8AA
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. LOWES, WILLIAM, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 TRIBAL WOODS ROAD
 City COLLIERVILLE State TN Zip Code 38017-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Francis Bartlett Medical Center Occupation (for Individual) DBD-ASSOC ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A4A0E41BC057B4071994
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. HARRIS, SAMUEL, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 933 HAVENHURST
 City WEST HOLLYWOOD State CA Zip Code 90046-6919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Reg Reimbursement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A40916FAB1FDA498CBF8
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 76
<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. PULLIAM, KIM, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3016 DUPLEX ROAD
 City SPRING HILL State TN Zip Code 37174-9216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, C&D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ADDDD978DC3524D87A4F
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. LEE, RICHARD, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 925 PENSHORE TERR.
 City GLENDALE State CA Zip Code 91207-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Property Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AA054912388B14A7FA13
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. CARTER, FELITA, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 290 EAST PLANTATION DR
 City SHARPSBURG State GA Zip Code 30277-1958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Managed Care Economics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A4825B0A42EB3435FAEB
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 76
<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. DOYLE, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9114 COCHRAN BLUFF LANE
 Suite 1400
 City DALLAS State TX Zip Code 75220-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Manager, Meeting Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AACCDF86C0CCE4B50A4:
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. HARRELL, SHELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 HARBOUR PASSAGE
 Suite 1400
 City HILTON HEAD IS State SC Zip Code 29926-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILTON HEAD HOSPITAL Occupation (for Individual) DBD-ASSOC ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AF8A3DB93B0C94A86A7C
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. ROTH, SAMUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4365 GREENLEAF COURT
 City CONCORD State CA Zip Code 94518-1941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A242586C19E2D4A2AAFF
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 76
	<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. HASTINGS-SMITH, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17809 N 55TH STREET
 Suite 1400
 City SCOTTSDALE State AZ Zip Code 85254-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abrazo Maryvale Campus Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB7258C2E562346659A6
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. BECK, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 WATERMAN
 City IRVINE State CA Zip Code 92602-1654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, C&D - Western Div
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A45ED038B60C74721994
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. BECKMAN, CYNTHIA, Z, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 BEN.FRANK PKW#1811N
 City PHILADELPHIA State PA Zip Code 19130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Manager, Litigation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A8DAA9397D4034B3B890
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MELDE, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3415 UNIVERSITY BLVD
 Suite 1400
 City DALLAS State TX Zip Code 75205-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Manager, Talent Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AC6D6472E55794036AEE
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. LANTZY, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5161 SHADY CREEK
 Suite 1400
 City TROY State MI Zip Code 48085-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DMC - Huron Valley-Sinai Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A7B27F51F1E4B4E89B8E
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. ROBERTSON, ROBB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 334 LAMANCHA AVE
 Suite 1400
 City ROYAL PALM BCH State FL Zip Code 33411-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ST MARY'S MEDICAL CENTER Occupation (for Individual) Director, Security
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A7464D42E55674D019F6
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 76
	<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. FOSTER, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9603 FOREST RIDGE CR
 City DAVIE State FL Zip Code 33328-6791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Florida Service Center Occupation (for Individual) Director, Reg Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A329B77C87C454B4F93E
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. SEHER, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 N. BENSON LANE Suite 1400
 City CHANDLER State AZ Zip Code 85224-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TENET PRACTICE RESOURCES Occupation (for Individual) CFO, Market/Sys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A58D5E8C945BC43C08E7
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. TALBERT, BRADLEY, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 DYLANS POINTE ROAD
 City BLUFFTON State SC Zip Code 29909-3507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COASTAL CAROLINA MEDICAL CENTER Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A49F42A16BA82459A9C9
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DYLE, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 247 PINECREST CIRCLE
Suite 1400

City BLUFFTON State SC Zip Code 29910-2703

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

Name of Employer (for Individual) BAPTIST HEALTH SYSTEM Occupation (for Individual) CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2016

Transaction ID : A557E0B78B77449ADB10

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction: \$10.00/Bi-Weekly

B. BURKE, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2242 MANN RD

City LANSDALE State PA Zip Code 19446-5858

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

Name of Employer (for Individual) HAHNEMANN HOSPITAL Occupation (for Individual) COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2016

Transaction ID : A842B96683EF54C01BC8

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction: \$10.00/Bi-Weekly

C. PROSI, DIANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 FORT DEARBORN #1400

City DEARBORN State MI Zip Code 48124-2703

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

Name of Employer (for Individual) DMC-Harper University Hospital Occupation (for Individual) Sr Director, Marketing & Comm

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
202.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2016

Transaction ID : A3CDEDE7F9C9B4FC6807

Amount of Each Receipt this Period
19.24

Memo Item
Payroll Deduction: \$9.62/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	59.24
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 59 OF 76
	<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. GROVE, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2032 W FOREST PLEASANTPL
 Suite 1400
 City PHOENIX State AZ Zip Code 85085-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Supply Chain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB81324E2758E4C5F9A5
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. PERRYMAN, CURTIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 SAINT ANDREWS DRIVE
 Suite 1400
 City FRANKLIN State TN Zip Code 37069-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, C&D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AE3395282B87C487ABAE
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. MOORE, SHERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10989 COUNTY ROAD 59
 City CELINA State TX Zip Code 75009-2280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AD0BA96179F6740E4976
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 76
	<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. DESANTIS, JOSEPH, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 W LANCASTER AVE#413
 Unit 413
 City FT WORTH State TX Zip Code 76102-6669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Executive Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ADA9048BCC26D437CBFF
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. DESCHRYVER, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4990 HACIENDA AVE
 City SAN LUIS OBISP State CA Zip Code 93401-7971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SIERRA VISTA Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A922AEBC562614E1F963
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. DELGADO, ERIC, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4734 BRIERCREST AVE.
 City LAKEWOOD State CA Zip Code 90713-2312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAKEWOOD REGIONAL MEDICAL CENTER Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A9C0B412D91E04E8C907
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 76
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	<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. PRICE, MARVIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11099 BAYBREEZE WAY

City BOCA RATON	State FL	Zip Code 33428-2044
--------------------	-------------	------------------------

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

Name of Employer (for Individual) FLORIDA MEDICAL CENTER	Occupation (for Individual) CNO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : A5DC297DBEFD549E0B0F

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction: \$10.00/Bi-Weekly

B. WELCH, JEFFREY, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3038 MATILDA STREET

City MIAMI	State FL	Zip Code 33133-9777
---------------	-------------	------------------------

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

Name of Employer (for Individual) PALM BEACH	Occupation (for Individual) CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : AD0F6AB3FC8C448778AF

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction: \$10.00/Bi-Weekly

C. GULCZEWSKI, VICTORIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5862 SPRING PEBBLE
Suite 1400

City SAN ANTONIO	State TX	Zip Code 78247-2703
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SAINT LUKES HOSPITAL	Occupation (for Individual) COO
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : A24F70300B1CE4AE9BDE

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BAIRD, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4940 PIKES PEAK
 City EL PASO State TX Zip Code 79904-2023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE SIERRA CAMPUS Occupation (for Individual) Director, CQI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A3F3E89DF5CBD4507BD8
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. SMITH, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1968 RANCHO VERDE EAST
 City DANVILLE State CA Zip Code 94526-4714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Ramon Regional Medical Center Occupation (for Individual) CEO, John Muir Jv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A3B82CB9BB85442AE8F7
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. KENDRICK, MICHAEL, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3644 EVITA DR
 City FRISCO State TX Zip Code 75034-2857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) VP, Performance Excellence
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A25ADF592A83E4C99822
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 76
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	<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. IRICK JR., HANK, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3305 ELAM CT
 City PLANO State TX Zip Code 75093-8087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Cost Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A6D3F48A96B4F4DEAB3E
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. HARBISON JR., CHARLES, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4311 HIGHLANDER DRIVE
 City DALLAS State TX Zip Code 75287-6418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, A&D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A8A1EF6F75EBB4792B2E
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. GAUSE, GARRY, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 LAKE COLANY LANE
 City VESTAVIA HILLS State AL Zip Code 35242-7423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROOKWOOD MEDICAL CENTER Occupation (for Individual) CEO, Region
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AE9EF5BE95924480E9C5
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 76
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. BENDER, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47905 VIA FIRENZE
 Suite 1400
 City LA QUINTA State CA Zip Code 92253-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John F Kennedy Memorial Hospital Occupation (for Individual) DBD-ASSOC ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB57606C244C4483DB14
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. SCHWARZKOPF, PAUL, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 GREENBRIER CT
 City ATLANTIS State FL Zip Code 33462-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Florida Service Center Occupation (for Individual) Director, Regional Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A2B172389CCE746B4B47
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. MALEK, RUDOLPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4502 N. UNIVERSITY DR807
 Suite 1400
 City NACOGDOCHES State TX Zip Code 75965-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NACOGDOCHES MEDICAL CENTER Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AF5AFFFA5A7664151A79
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 76
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. PADILLA, MOISES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5605 GRANADA DRIVE
 Unit 251
 City MCKINNEY State TX Zip Code 75071-3461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) Sr Director, PA Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A6EB83942B6DA46219FE
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. NAGENGAST, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1814 PALMCROFT DR NE
 Suite 1400
 City PHOENIX State AZ Zip Code 85007-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONIFER VALUE BASED CARE Occupation (for Individual) Sr Director, Regional Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AB4DB1358D1E24417A70
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. LANE, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 CONOVER LANE
 City TEMPLETON State CA Zip Code 93465-6526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TWIN CITIES COMMUNITY HOSPITAL Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ACDFFD50B6C504B7D9A6
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SMITH, SUELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 TIERRA VISTA LANE
 City PASO ROBLES State CA Zip Code 93446-9702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, PMI Team Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ACED163FC0741433A897
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. BEAUCHAMP, CAROLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 SE 3RD PLACE Suite 1400
 City CAPE CORAL State FL Zip Code 33904-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Reg/Acc Educ & Impr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A73A415AABB324890AEF
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. WALKER-LARKINS, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5356 W BLOOMFIELD LAKE Suite 1400
 City WEST BLOOMFIEL State MI Zip Code 48323-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DMC-Harper University Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ADC5B890728B443C4959
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 76
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	<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. VARGAS, INEZ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1503 BRENDON TRAILS DR
 City SPRING State TX Zip Code 77379-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) Director, Client Delivery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A437E57622B9E419ABD6
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. NGUYEN, HOAI-SON, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 PRINCE ALBERT CT
 City RICHARDSON State TX Zip Code 75081-5059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, IS HR/PR - Rpt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AC4355DBF12C442208FD
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. THAYER, JANIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1735 CRIMSON TERRACE
 City BRENTWOOD State CA Zip Code 94513-2618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Labor Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AFBF4A84BFD794624BF1
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 76
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	<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. WHITE, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23701 WILMARTH AVENUE
 Suite 1400
 City FARMINGTON State MI Zip Code 48335-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DMC-Harper University Hospital Occupation (for Individual) Reg/Market CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AD31ADE9C7ACB43FFBDI
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. RAPER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2333 SALISBURY CT
 City LEWISVILLE State TX Zip Code 75056-5644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Aviation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A51439FEF176D4728A4A
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. LOERA, GLORIA, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3061 SNOWY POINT DR.
 City EL PASO State TX Zip Code 79938-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE EAST CAMPUS Occupation (for Individual) Director, Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AF11B73E623064AB3A3E
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 76
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. COBB, WAYNE, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4001 ORCHID LANE
 City MANSFIELD State TX Zip Code 76063-5577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Manager, Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A558392E35C1F407EB90
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. BROWN, KIMBERLY, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2634 FOREST PEBBLE
 City SAN ANTONIO State TX Zip Code 78232-4141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A764A99D38A064264AA1
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. MEARS, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10312 ARVIN HILL RD
 City AUBREY State TX Zip Code 76227-6847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, IS Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AEDF11B014E714C7DA0B
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 76
	<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. MONTRIE, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 S DOUGLAS RD
 City ANAHEIM State CA Zip Code 92806-3547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Patient Financial Services Occupation (for Individual) Director, Client Delivery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A69C4051D0B3F41289B5
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. NESTER, DARLENE, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 PLANTATION HOUSE DR
 City BLUFFTON State SC Zip Code 29910-4775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILTON HEAD HOSPITAL Occupation (for Individual) CHIEF HR OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A520AA915812D43989E6
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. STIMSON-RUSIN, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 VIA CASTILLA
 City JUPITER State FL Zip Code 33458-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALM BEACH Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AFCEF034F2F5A404A9C5
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. NEAL, DENINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 MOUNTAIN VIEW COURT
 Suite 1400
 City SMYRNA State TN Zip Code 37167-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Capl & Property Acct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AF55695001F504479AB9
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. DUNN, ROSEMARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 INVERNESS RS.
 Suite 1400
 City WILLIAMSTOWN State NJ Zip Code 08094-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAHNEMANN HOSPITAL Occupation (for Individual) CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A3F66D00E5B2B403EA46
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. DEZELAN, MARIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 ABERDEEN DRIVE
 Suite 1400
 City LUCAS State TX Zip Code 75002-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Marketing & Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : ABE2214FC7A084990BBF
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 76
	<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. BARBERA, CORDELIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 380458
 City DUNCANVILLE State TX Zip Code 75138-7778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Applied Clin Info
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A7C9F8C52DAA44640BD3
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. EBERTING, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14157 RUDY VALDEZ #1902
 City EL PASO State TX Zip Code 79938-5427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE EAST CAMPUS Occupation (for Individual) Director, Imaging Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AD3E1CD173AEF4CD782B
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. HARARI, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 LIDO DRIVE
 City FORT LAUDERDAL State FL Zip Code 33301-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WEST BOCA MEDICAL CENTER Occupation (for Individual) CHIEF MEDICAL OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AD84C6283820A435CAC2
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MAY, BRANDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3824 TIERRA CHISUM DR
 City EL PASO State TX Zip Code 79938-5358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE EAST CAMPUS Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A195D599CDE9342E1984
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. CYBULSKI, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 ROSS AVENUE
 City DALLAS State TX Zip Code 75202-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Sr Director, Managed Care Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A352A8128FC36490DB74
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. LIPCAMON, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1763 RAMBOUILLET ROAD Suite 1400
 City PASO ROBLES State CA Zip Code 93446-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TWIN CITIES COMMUNITY HOSPITAL Occupation (for Individual) Director, Rad - Cardio Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A45610648B553479FB95
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CANO, MARCUS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7008 GRANERO DR
 City EL PASO State TX Zip Code 79912-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE EAST CAMPUS Occupation (for Individual) Network Director, Program Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A59A6B146F9E448E0A65
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. CARACCIOLO, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 RUDDER CAY WAY
 City JUPITER State FL Zip Code 33458-4323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALM BEACH Occupation (for Individual) CHIEF HR OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : AE613B1C5D7E94EC8BA4
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. ATTEBERRY, MARK, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 NORTH 1800 EAST ROAD
 City SHELBYVILLE State IL Zip Code 62565-8664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Manager, Project C&D II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A8E63348E5F5247FABA5
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 76
	<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. HILL, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2008 HAVERSHAM DRIVE
 City FLOWER MOUND State TX Zip Code 75022-8440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Director, Doc & Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A67A275768D33432E922
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. HOSKIN, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3336 SOUTH CHANNEL DRIVE
 City HARSENS ISLAND State MI Zip Code 48028-9548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DMC-Rehabilitation Institute of Michig Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 15 / 2016
Transaction ID : A0EC14B9DBD9C41F5B26
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$9.62/Bi-Weekly

C. BENJAMIN, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1265 AURTHUR ROAD Suite 1400
 City NAPERVILLE State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MacNeal Hospital Occupation (for Individual) CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2016
Transaction ID : A7BDC9A85C802415893F
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	59.24
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 76 OF 76
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
GOVEA, JOSE, , ,

Mailing Address **215 HUNTER'S RIDGE**
Suite 1400

City **SAN BENITO** State **TX** Zip Code **78586-2703**

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

Name of Employer (for Individual) **VALLEY BAPTIST HARLINGEN** Occupation (for Individual) **Director, Radiology**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 15 / 2016

Transaction ID : A437A1CD0CC8140E484E

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction: \$10.00/Bi-Weekly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	11163.42