

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

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

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

5. Covering Period 10 01 2009 through 10 31 2009

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

Type or Print Name of Treasurer Todd Plott

Signature of Treasurer Electronically Filed by Todd Plott Date 11 20 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		24897.12
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	60209.42									
(c) Total Receipts (from Line 19)	8088.60	88600.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68298.02	113498.02								
7. Total Disbursements (from Line 31)	9250.00	54450.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59048.02	59048.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	7838.60	66387.82
(ii) Unitemized	250.00	22213.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8088.60	88600.90
(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)	8088.60	88600.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8088.60	88600.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8088.60	88600.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6250.00	41750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(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	200.00
29. Other Disbursements.....	3000.00	12500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9250.00	54450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9250.00	54450.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8088.60	88600.90
34. Total Contribution Refunds (from Line 28(d))	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8088.60	88400.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JAIKUMAR KRISHNASWAMY		Date of Receipt
	Mailing Address 2505 MAESTRO WAY		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	MODESTO	CA	95355-9658
	FEC ID number of contributing federal political committee.		Transaction ID: PR1025621122776
		Amount of Each Receipt this Period	<input type="text" value="38.00"/>
Name of Employer DOCTORS MEDICAL CENTER-MODESTO		Occupation ASSOCIATE ADMINISTRATOR	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="304.00"/>	

B.	Full Name (Last, First, Middle Initial) ROBERT RUSSELL		Date of Receipt
	Mailing Address 1001 SARANAC PARK		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	PEACHTREE CITY	GA	30269-1274
	FEC ID number of contributing federal political committee.		Transaction ID: PR1159116222776
		Amount of Each Receipt this Period	<input type="text" value="50.00"/>
Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation COO	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

C.	Full Name (Last, First, Middle Initial) MARY ANN T RAILEY		Date of Receipt
	Mailing Address 20230 PINGREE WAY		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	YORBA LINDA	CA	92887-3257
	FEC ID number of contributing federal political committee.		Transaction ID: PR1461493122776
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer PLACENTIA LINDA HOSPITAL		Occupation ASSOCIATE ADMINISTRATOR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="108.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SHELLEY GILES		Date of Receipt
	Mailing Address 3803 STOCKTON LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	DALLAS	TX	75287-4919
	FEC ID number of contributing federal political committee.		Transaction ID: PR1479664422776
		Amount of Each Receipt this Period	<input type="text"/> 40.00
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 440.00	

B.	Full Name (Last, First, Middle Initial) STEPHEN M MOONEY		Date of Receipt
	Mailing Address 4619 BRIAR OAKS CR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	DALLAS	TX	75287-7503
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481199222776
		Amount of Each Receipt this Period	<input type="text"/> 192.00
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1656.00	

C.	Full Name (Last, First, Middle Initial) JANIE PATTERSON		Date of Receipt
	Mailing Address 1403 CROCKETT DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	FRISCO	TX	75034-1566
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481201222776
		Amount of Each Receipt this Period	<input type="text"/> 76.00
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 532.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 308.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 45
(check only one)

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

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

A.

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

Mailing Address 42 BARNEBURG

City State Zip Code
DOVE CANYON CA 92679-4210

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1481203522776

Amount of Each Receipt this Period
76.00

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

B.

Full Name (Last, First, Middle Initial)
JANIS THAYER

Mailing Address 1735 CRIMSON TERRACE

City State Zip Code
BRENTWOOD CA 94513-2618

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1481210622776

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

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

Mailing Address 3405 HOWELL ST#9

City State Zip Code
DALLAS TX 75204-2828

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1568624522776

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► **172.00**

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 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) THOMAS RICE		Date of Receipt
	Mailing Address 15126 FERDINAND DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	DALLAS	TX	75248-6437
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592856022776
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 836.00	<input type="text"/> 76.00
			P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) CHARLES CONKLIN		Date of Receipt
	Mailing Address 3901 HEARST CASTLE WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	PLANO	TX	75025-2011
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592857222776
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 38.00
			P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ROBERT SMITH		Date of Receipt
	Mailing Address 5325 TATE AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	PLANO	TX	75093-3433
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592857722776
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00	<input type="text"/> 80.00
			P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 194.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) RICKY JOHNSTON		Date of Receipt
	Mailing Address 404 N.CHURCH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MCKINNEY	TX	75069
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	Transaction ID: PR1592858222776
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 900.00	
		Amount of Each Receipt this Period	<input type="text"/> 90.00
		P/R Deduction (\$45.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) WEBB COCHRAN		Date of Receipt
	Mailing Address 3961 ST. CLAIRE CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	ATLANTA	GA	30319
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	Transaction ID: PR1594942622776
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 220.00	
		Amount of Each Receipt this Period	<input type="text"/> 20.00
		P/R Deduction (\$10.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) JAY MIRANDA		Date of Receipt
	Mailing Address 15871 SW 148 TERRACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MIAMI	FL	33196-5701
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer CORAL GABLES HOSPITAL		Occupation CEO	Transaction ID: PR1734839222776
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 640.00	
		Amount of Each Receipt this Period	<input type="text"/> 80.00
		P/R Deduction (\$40.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 190.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 45
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 1808 FLINT RIDGE DR

City ALLEN State TX Zip Code 75002-1567

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

Name of Employer LAKE POINTE MEDICAL CENTER Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt 10 / 31 / 2009

Transaction ID: PR1735905222776

Amount of Each Receipt this Period 38.00

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

B.

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

Mailing Address 3336 SUNNIROC ROAD

City BIRMINGHAM State AL Zip Code 35210-3799

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

Name of Employer BROOKWOOD MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 10 / 31 / 2009

Transaction ID: PR1735911022776

Amount of Each Receipt this Period 38.00

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

C.

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

Mailing Address 6303 RICHMOND #202

City DALLAS State TX Zip Code 75214-3674

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

Name of Employer DOCTORS HOSPITAL-DALLAS Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 10 / 31 / 2009

Transaction ID: PR1735911222776

Amount of Each Receipt this Period 38.00

P/R 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: PAGE 12 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2001 19TH STREET NW #5

City State Zip Code
WASHINGTON DC 20009-1346

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1760.00

Date of Receipt: 10 / 31 / 2009
Transaction ID: PR1814798522776
Amount of Each Receipt this Period: 160.00
P/R Deduction (\$80.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CHARLOTTE M DARDANELLO

Mailing Address 1900 S. OCEAN BLVD. #16N

City State Zip Code
POMPANO BEACH FL 33062-8010

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

Name of Employer Occupation
NORTH SHORE MEDICAL CENTER CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 10 / 31 / 2009
Transaction ID: PR2067935222776
Amount of Each Receipt this Period: 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
GREGORY S MANIS

Mailing Address 1944 S CLUB DR

City State Zip Code
WELLINGTON FL 33414-9088

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

Name of Employer Occupation
ST. MARY'S MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 31 / 2009
Transaction ID: PR2070027422776
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 218.00

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 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MARK P LISA	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Mailing Address 391 E MILGEO AVE	Transaction ID: PR217414122776
	City State Zip Code RIPON CA 95366-2120	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
Name of Employer DOCTORS HOSPITAL OF MANTE-CA	Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 758.00	

B.	Full Name (Last, First, Middle Initial) PHILLIP SOWA	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Mailing Address 621 BIRDSALL ST	Transaction ID: PR2174298122776
	City State Zip Code HOUSTON TX 77007-5101	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PARK PLAZA HOSPITAL	Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

C.	Full Name (Last, First, Middle Initial) ROBERT J CUNNAH	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Mailing Address 163 VILLAGIO WEST	Transaction ID: PR2174361622776
	City State Zip Code PALM SPRINGS CA 92262-6395	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation CMO	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	252.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) HENRY T HUDSON III		Date of Receipt
	Mailing Address 49150 GILA RIVER DRIVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	INDIO	CA	92201-8846
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DESERT REGIONAL MEDICAL CENTER		Occupation ASSOCIATE ADMINISTRATOR	Transaction ID: PR2174385922776
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="220.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
		P/R Deduction (\$10.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) DENNIS M LITOS		Date of Receipt
	Mailing Address 3204 GREENGATE DR		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	MODESTO	CA	95355-8446
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DOCTORS MEDICAL CENTER-MODESTO		Occupation CEO	Transaction ID: PR2174541522776
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="674.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="76.00"/>
		P/R Deduction (\$38.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) CATHRYN H FRASER		Date of Receipt
	Mailing Address 272 ENCLAVES COURT		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	COPPELL	TX	75019-2125
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP	Transaction ID: PR2174559922776
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1536.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="192.00"/>
		P/R Deduction (\$96.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="288.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) BRUCE MEARS		Date of Receipt	
	Mailing Address 10312 ARVIN HILL RD		M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: PR2174562622776
	AUBREY	TX	76227-6847	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		20.00		
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR		P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		220.00		

B.	Full Name (Last, First, Middle Initial) BIGGS C PORTER		Date of Receipt	
	Mailing Address 4535 MANNING LANE		M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: PR2174563622776
	DALLAS	TX	75220-6434	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		200.00		
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation CHIEF FINANCIAL OFFICER		P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1300.00		

C.	Full Name (Last, First, Middle Initial) WENDY TISCHLER		Date of Receipt	
	Mailing Address 5921 MALMESBURY RD		M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: PR2174565822776
	DALLAS	TX	75252-4206	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		20.00		
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SR DIR		P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		220.00		

SUBTOTAL of Receipts This Page (optional)	▶	240.00
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 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) RICHARD BECK		Date of Receipt
	Mailing Address 107 WATERMAN		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	IRVINE	CA	92602-1654
	FEC ID number of contributing federal political committee.		Transaction ID: PR2174566422776
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="220.00"/>	

B.	Full Name (Last, First, Middle Initial) ERIC BURCH		Date of Receipt
	Mailing Address 7085 CRYSTALLINE DRIVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CARLSBAD	CA	92011-3968
	FEC ID number of contributing federal political committee.		Transaction ID: PR2174566622776
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="220.00"/>	

C.	Full Name (Last, First, Middle Initial) JEFFERY FLOCKEN		Date of Receipt
	Mailing Address 27 NEW DAWN		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	IRVINE	CA	92620-1976
	FEC ID number of contributing federal political committee.		Transaction ID: PR2174567322776
		Amount of Each Receipt this Period	<input type="text" value="200.00"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2200.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="240.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JEFFREY SNYDER
 Mailing Address 115 GREENTREE DR
 City State Zip Code
 BANGOR PA 18013-2400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. CHRISTOPHER'S HOSPITAL FOR CHILDRE COO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 304.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 9
Transaction ID: PR2248246122776
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
SALLY A HURT-STEFFEN
 Mailing Address 712 WALTHAM CT
 City State Zip Code
 EL PASO TX 79922-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SIERRA PROVIDENCE EASTSIDE HOSPITAL CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 494.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 9
Transaction ID: PR2248480222776
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
BRADLEY C TAYLOR
 Mailing Address 9438 THORNBERRY LANE
 City State Zip Code
 DALLAS TX 75220-5145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENET HEALTHCARE CORPORAT-ION SR DIR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 228.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 9
Transaction ID: PR2284285122776
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 18 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL BLACKBURN

Mailing Address 4141 16TH STREET NE

City State Zip Code
HICKORY NC 28601-8408

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

Name of Employer Occupation
FRYE REGIONAL MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR2369304322776

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 3108 Clymer Drive

City State Zip Code
Plano TX 75025-5325

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP - PMI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR2387796622776

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 2101 Looscan lane

City State Zip Code
Houston TX 77019-1507

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP & Asst. General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR2398953022776

Amount of Each Receipt this Period 76.00

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

SUBTOTAL of Receipts This Page (optional) ► **228.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 45

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JACOB J. SPRUIT		Date of Receipt	
	Mailing Address 5608 Maxon Marsh Drive		M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: PR2398965022776
	Hiram	GA	30141-2879	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		46.00		
Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation CFO		P/R Deduction (\$23.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 299.00		

B.	Full Name (Last, First, Middle Initial) MICHAEL HALTER		Date of Receipt	
	Mailing Address 111 RIGHTERS MILL RD		M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: PR406763222776
	PENN VALLEY	PA	19072-1312	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		38.00		
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL		Occupation CEO		P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 418.00		

C.	Full Name (Last, First, Middle Initial) LEONARD ROSENFELD		Date of Receipt	
	Mailing Address 12213 PARK BEND DR		M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: PR407201322776
	DALLAS	TX	75230-2364	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		76.00		
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP		P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 674.00		

SUBTOTAL of Receipts This Page (optional) ▶

160.00

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 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) THOMAS WOLF		Date of Receipt
	Mailing Address 2613 MILLINGTON DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	PLANO	TX	75093-3560
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407205122776
Name of Employer TENET HEALTHCARE CORPORATION		Occupation MGR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 352.00	<input type="text"/> 32.00
			P/R Deduction (\$16.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) HANK D IRICK JR.		Date of Receipt
	Mailing Address 3305 ELAM CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	PLANO	TX	75093-8087
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407205822776
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SR DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) WILLIAM R WATTS		Date of Receipt
	Mailing Address 7504 DANFIELD CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	DALLAS	TX	75252-6823
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407209422776
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SR DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 72.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DONALD E LAUGHLIN
 Mailing Address 4185 CLOVERPORT RD
 City TOONE State TN Zip Code 38381-8059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAINT FRANCIS HOSPITAL Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00
 Date of Receipt 10 / 31 / 2009
Transaction ID: PR407210522776
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
STEVE BROWN
 Mailing Address 16 SARAH NASH CT
 City DALLAS State TX Zip Code 75225-2072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3540.00
 Date of Receipt 10 / 31 / 2009
Transaction ID: PR407210622776
 Amount of Each Receipt this Period 380.00
 P/R Deduction (\$190.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOHN B MCDONALD
 Mailing Address 2230 WARNER ROAD
 City FORT WORTH State TX Zip Code 76110-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 728.00
 Date of Receipt 10 / 31 / 2009
Transaction ID: PR407215822776
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **494.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 45

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WAYNE E COBB	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 4001 ORCHID LANE	Transaction ID: PR407216422776
	City State Zip Code MANSFIELD TX 76063-5577	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
B.	Full Name (Last, First, Middle Initial) TERESA L HUSKEY	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 4333 PERSHING AVE	Transaction ID: PR407218622776
	City State Zip Code FT WORTH TX 76107-4243	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	
C.	Full Name (Last, First, Middle Initial) SHERRY J HENDERSON	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 25 NIGHT HERON PL	Transaction ID: PR407219722776
	City State Zip Code HICKORY NC 28601-8806	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer FRYE REGIONAL MEDICAL CEN- TER	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶

98.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 45
(check only one)

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

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

A.

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

Mailing Address 1805 LONGWOOD CT

City ALLEN State TX Zip Code 75013-3074

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2009

Transaction ID: PR407221522776

Amount of Each Receipt this Period 40.00

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

B.

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

Mailing Address 4006 RAMSGATE CT

City COLLEYVILLE State TX Zip Code 76034-4473

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 668.00

Date of Receipt 10 / 31 / 2009

Transaction ID: PR407222122776

Amount of Each Receipt this Period 76.00

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

C.

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

Mailing Address 11122 W RICKS CIRCLE

City DALLAS State TX Zip Code 75230-3032

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation REGIONAL CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2009

Transaction ID: PR407222822776

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ► 216.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CONLEY S CERVANTES

Mailing Address 819 CAMBRIDGE MANOR LANE

City State Zip Code
COPPELL TX 75019-6105

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 264.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407224722776

Amount of Each Receipt this Period
24.00

P/R Deduction (\$12.00 Bi-Weekly)

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

Mailing Address 1120 CHESTERTON DR

City State Zip Code
RICHARDSON TX 75080-2919

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 494.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407226022776

Amount of Each Receipt this Period
76.00

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

C. Full Name (Last, First, Middle Initial)
DOUGLAS E RABE

Mailing Address 9923 CAPRIDGE DR

City State Zip Code
DALLAS TX 75238-3469

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407227322776

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 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: PAGE 25 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MICHAEL S HONGOLA

Mailing Address 6704 WESTMONT DRIVE

City State Zip Code
COLLEYVILLE TX 76034-7263

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407227622776

Amount of Each Receipt this Period
40.00

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

B.

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

Mailing Address 714 KENT CT

City State Zip Code
SOUTHLAKE TX 76092-8868

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2541.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407229222776

Amount of Each Receipt this Period
384.00

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

C.

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

Mailing Address 3014 CASTLE PINES DRIVE

City State Zip Code
DULUTH GA 30097-2039

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

Name of Employer Occupation
ATLANTA MEDICAL CENTER MARKET CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 728.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407231822776

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
GARRY MOLNEY

Mailing Address 2708 ISLAND LEDGE COVE

City State Zip Code
AUSTIN TX 78746-1982

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 728.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407234322776

Amount of Each Receipt this Period
76.00

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

B.

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

Mailing Address 1138 PINE VALLEY ROAD

City State Zip Code
GRIFFIN GA 30224-4953

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

Name of Employer Occupation
SPALDING REGIONAL HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 584.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407236022776

Amount of Each Receipt this Period
76.00

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

C.

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

Mailing Address 747 MENDENHALL CT

City State Zip Code
FORT MILL SC 29715-7852

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

Name of Employer Occupation
PIEDMONT MEDICAL CENTER MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407241422776

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► **228.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3610 EDGEWATER STREET

City State Zip Code
DALLAS TX 75205-4317

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SVP
ION

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407242922776

Amount of Each Receipt this Period
192.00

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

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

Mailing Address 264 IDLEWILDE LANE

City State Zip Code
SANFORD NC 27332-9304

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

Name of Employer Occupation
CENTRAL CAROLINA HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 770.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407244822776

Amount of Each Receipt this Period
70.00

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

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

Mailing Address 6301 COLLINS AVE #2608

City State Zip Code
MIAMI BEACH FL 33141-4645

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

Name of Employer Occupation
HIALEAH HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407245322776

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) ► 302.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 45
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GARRY L GAUSE

Mailing Address 1150 LAKE COLANY LANE

City State Zip Code
VESTAVIA HILLS AL 35242-7423

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

Name of Employer Occupation
BROOKWOOD MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407248722776

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

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

Mailing Address 2594 HOCKSETT COVE

City State Zip Code
GERMANTOWN TN 38139-6655

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407250422776

Amount of Each Receipt this Period
80.00

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

C.

Full Name (Last, First, Middle Initial)
SUELLEN SMITH

Mailing Address 84 TIERRA VISTA LANE

City State Zip Code
PASO ROBLES CA 93446-9702

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION SR DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407254522776

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 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: PAGE 29 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 11034 TIBBS STREET

City State Zip Code
DALLAS TX 75230-3450

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4224.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407257722776

Amount of Each Receipt this Period 384.00

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

B. Full Name (Last, First, Middle Initial)
ALAN E HODGES

Mailing Address 231 COIN DU LESTIN

City State Zip Code
SLIDELL LA 70460-3509

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

Name of Employer Occupation
NORTHSHORE REGIONAL MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407262122776

Amount of Each Receipt this Period 40.00

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

C. Full Name (Last, First, Middle Initial)
ALAN R CASON

Mailing Address 112 GOLDEN PHEASANT ST

City State Zip Code
SLIDELL LA 70461-3116

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

Name of Employer Occupation
NORTHSHORE REGIONAL MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407263522776

Amount of Each Receipt this Period 40.00

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 45

(check only one)

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

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

A.

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

Mailing Address 13802 MAGNOLIA MANOR

City State Zip Code
CYPRESS TX 77429-8162

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

Name of Employer
CYPRESS FAIRBANKS MEDICAL CENTER

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407265622776

Amount of Each Receipt this Period

70.00

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

B.

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

Mailing Address 1855 SILVERWINGS CT

City State Zip Code
MORGAN HILL CA 95037-9002

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

Name of Employer
COMMUNITY HOSPITAL OF LOS GATOS

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407266422776

Amount of Each Receipt this Period

60.00

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

C.

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

Mailing Address 230 GRIMSLEY STAT BLUFF

City State Zip Code
SAINT LOUIS MO 63129-5030

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

Name of Employer
DES PERES HOSPITAL

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
722.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR407268522776

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 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: PAGE 31 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SAMUEL G HARRIS
 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 TENET HEALTHCARE CORPORATION Occupation DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00
 Date of Receipt 10 / 31 / 2009
Transaction ID: PR407271122776
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CRAIG C ARMIN
 Mailing Address 23510 BERDON STREET
 City WOODLAND HILLS State CA Zip Code 91367-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 790.00
 Date of Receipt 10 / 31 / 2009
Transaction ID: PR407274122776
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KENT G CLAYTON
 Mailing Address 3 TURTLE BAY DRIVE
 City NEWPORT BEACH State CA Zip Code 92660-4266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLACENTIA LINDA HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 728.00
 Date of Receipt 10 / 31 / 2009
Transaction ID: PR407278122776
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 176.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 32 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CANDACE MARKWITH
Mailing Address 980 ISABELLA WAY
City SAN LUIS OBISPO State CA Zip Code 93405-6186
FEC ID number of contributing federal political committee. **C**
Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER Occupation CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 710.00
Date of Receipt 10 / 31 / 2009
Transaction ID: PR407280322776
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
RODNEY A REASONER
Mailing Address 1960 MARY LEE LN
City ALLEN State TX Zip Code 75002-8528
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 608.00
Date of Receipt 10 / 31 / 2009
Transaction ID: PR407280922776
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MICHELE M FINNEY
Mailing Address 21521 TURTLEDOVE STREET
City TRABUCO CANYON State CA Zip Code 92679-3486
FEC ID number of contributing federal political committee. **C**
Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 674.00
Date of Receipt 10 / 31 / 2009
Transaction ID: PR407283922776
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 228.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KEN WHEAT	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Mailing Address 31855 DATE PALM DR#3	Transaction ID: PR407288722776
	City State Zip Code CATHEDRAL CITY CA 92234-3100	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation COO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

B.	Full Name (Last, First, Middle Initial) RICK LYONS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Mailing Address 2425 BATTERING ROCK RD	Transaction ID: PR413941922776
	City State Zip Code TEMPLETON CA 93465-8371	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TWIN CITIES COMMUNITY HOSPITAL	Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 668.00	

C.	Full Name (Last, First, Middle Initial) KENNETH F SUTHERLAND	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Mailing Address 102 WILMINGTON CT	Transaction ID: PR839152222776
	City State Zip Code SOUTHLAKE TX 76092-8492	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

SUBTOTAL of Receipts This Page (optional)	228.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 45
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
PATRICIA C JOHNSON

Mailing Address 4616 LARGO DR.

City State Zip Code
FLOWER MOUND TX 75028-3936

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP FIN PLAN & ANALYSIS
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR839196422776

Amount of Each Receipt this Period
40.00

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

B. Full Name (Last, First, Middle Initial)
EDWIN BODE

Mailing Address 9597 GOTTEN WAY

City State Zip Code
GERMANTOWN TN 38139-5657

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR839296522776

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 7365 NW 54TH STREET

City State Zip Code
LAUDERHILL FL 33319-6346

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR839477822776

Amount of Each Receipt this Period
50.00

P/R 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: PAGE 35 / 45
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
ANTHONY J BONNECARRERE

Mailing Address 108 HOUMAS COURT

City State Zip Code
PEARL RIVER LA 70452-3808

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

Name of Employer NORTHSHORE REGIONAL MEDICAL CENTER
Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR840484722776

Amount of Each Receipt this Period 38.00

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

B. Full Name (Last, First, Middle Initial)
NORMA A ZERINGUE

Mailing Address 5757 SOUTHWESTERN BLVD

City State Zip Code
DALLAS TX 75209-3437

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

Name of Employer TENET HEALTHCARE CORPORATION
Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR840530322776

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
AUDREY T ANDREWS

Mailing Address 702 PENFOLDS

City State Zip Code
COPPELL TX 75019-4544

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

Name of Employer TENET HEALTHCARE CORPORATION
Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3192.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR840566922776

Amount of Each Receipt this Period 384.00

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

SUBTOTAL of Receipts This Page (optional) ► **442.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DREW P KAHN

Mailing Address 16015 KEMPTON PARK

City State Zip Code
SPRING TX 77379-6730

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

Name of Employer Occupation
HOUSTON NW MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
494.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR840590422776

Amount of Each Receipt this Period
76.00

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

B.

Full Name (Last, First, Middle Initial)
DAVID W BORDOFSKE

Mailing Address 5001 ASHLAND BELLE LANE

City State Zip Code
FRISCO TX 75035-7682

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR840924622776

Amount of Each Receipt this Period
80.00

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

C.

Full Name (Last, First, Middle Initial)
HOAI-SON L NGUYEN

Mailing Address 303 PRINCE ALBERT CT

City State Zip Code
RICHARDSON TX 75081-5059

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION DIR

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR841515822776

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

176.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOHN TILLY
Mailing Address 1221 WENTWOOD
City IRVING State TX Zip Code 75061-4456
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & ASST GENERAL COUNSEL
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00
Date of Receipt 10 / 31 / 2009
Transaction ID: PR842232422776
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ELIZABETH JOHNSON
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 TENET HEALTHCARE CORPORATION Occupation VP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 608.00
Date of Receipt 10 / 31 / 2009
Transaction ID: PR842373122776
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
BRIAN REILLY
Mailing Address 55 PARRY DR
City HAINESPORT State NJ Zip Code 08036-4881
FEC ID number of contributing federal political committee. **C**
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CFO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
Date of Receipt 10 / 31 / 2009
Transaction ID: PR843214422776
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 196.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
BARBARA H ZURZOLO

Mailing Address 13 GREENBRIAR LANE

City State Zip Code
PAOLI PA 19301-1907

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

Name of Employer Occupation
REGIONAL EXECUTIVE SR. MANAGING COUNSEL

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR843854922776

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

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

Mailing Address 1625 FAWN LN

City State Zip Code
HUNTINGDON VALLEY PA 19006-7917

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR843874922776

Amount of Each Receipt this Period

38.00

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

C.

Full Name (Last, First, Middle Initial)
SUZANNE KOZEL

Mailing Address 161 MEADOW RIDGE LN

City State Zip Code
CHAPEL HILL NC 27517-8847

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

Name of Employer Occupation
CAROLINA CROSSROADS SURG DIR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 424.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR843980422776

Amount of Each Receipt this Period

38.60

P/R Deduction (\$19.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

96.60

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 39 / 45
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 7710 CENTER BAY DR

City State Zip Code
NORTH BAY VILLAGE FL 33141-4019

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

Name of Employer Occupation
NORTH SHORE MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR84447722776

Amount of Each Receipt this Period
76.00

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

B.

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

Mailing Address 5412 GLENSHIRE DR

City State Zip Code
PLANO TX 75093-2800

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION SR DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR84464442776

Amount of Each Receipt this Period
100.00

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

C.

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

Mailing Address 1300 BINZ

City State Zip Code
HOUSTON TX 77004-7016

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

Name of Employer Occupation
PLAZA SPECIALTY HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR84465662776

Amount of Each Receipt this Period
38.00

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 45
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
LYNNE SCROGGINS

Mailing Address 3777 PEACHTREE RD NE 632

City ATLANTA State GA Zip Code 30319-5209

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

Name of Employer ATLANTA MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2009
Transaction ID: PR844786222776
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
SCOTT A RIFKIN

Mailing Address 2188 ASPEN

City TUSTIN State CA Zip Code 92782-8339

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

Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2009
Transaction ID: PR846690222776
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ERIC M DELGADO

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 IRVINE REGIONAL HOSPITAL MEDICAL CENTRE Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2009
Transaction ID: PR846888222776
Amount of Each Receipt this Period 20.00
P/R 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 41 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 11 TALBOTT CT

City State Zip Code
LADERA RANCH CA 92694-1087

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

Name of Employer Occupation
LAKEWOOD REGIONAL MEDICAL CENTER CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 456.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR849123922776

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 4017 FLAMINGO

City State Zip Code
EL PASO TX 79902-1313

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

Name of Employer Occupation
SIERRA PROVIDENCE EASTSIDE HOSPITAL COO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 266.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR849126622776

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 3013 GOLF CREST LANE

City State Zip Code
WOODSTOCK GA 30189-8197

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

Name of Employer Occupation
SOUTH FULTON MEDICAL CENTER ASSOC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 620.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR849790222776

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► 190.00

TOTAL This Period (last page this line number only) ► 7838.60

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Mary Landrieu</p> <p>Mailing Address 607 14th Street, NW Suite 1434</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Sen. Mary Landrieu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30727511 Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2250.00</p> <p>011 Category/ Type</p> <p>2014 Primary</p>
<p>B. Full Name (Last, First, Middle Initial) Georgians for Isakson</p> <p>Mailing Address P.O. Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Sen. Johnny Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30732662 Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 Primary</p>
<p>C. Full Name (Last, First, Middle Initial) The Reyes Committee Inc.</p> <p>Mailing Address 1011 Montana Ave.</p> <p>City El Paso State TX Zip Code 79902</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rep. Silvestre Reyes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30732937 Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>2010 Primary</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Patrick Murphy for Congress</p> <p>Mailing Address PO Box 868</p> <p>City Levittown State PA Zip Code 19058</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rep. Patrick Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 08</p>	<p>Transaction ID: 30741281</p> <p>Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>2010 Primary</p>
<p>B. Full Name (Last, First, Middle Initial) Bachus for Congress Committee</p> <p>Mailing Address P.O. Box 131134</p> <p>City Birmingham State AL Zip Code 35213</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rep. Spencer Bachus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AL District: 06</p>	<p>Transaction ID: 30741554</p> <p>Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 Primary</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 04</p>	<p>Transaction ID: 30741857</p> <p>Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 Primary</p>

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	6250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Hospital & Healthsystem Association of PA PAC Mailing Address P.O. Box 2335 City Harrisburg State PA Zip Code 17105-2335 Purpose of Disbursement 2009 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30730937 Date of Disbursement 10 / 23 / 2009
	Amount of Each Disbursement this Period 1000.00 2009 Contribution

B. Full Name (Last, First, Middle Initial) Friends of Todd Eachus Mailing Address P.O. Box 2174 City Hazleton State PA Zip Code 18201-1052 Purpose of Disbursement Todd Eachus, STATE HOUSE 116th PA Candidate Name Rep. Todd Eachus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 16	Transaction ID: 30731505 Date of Disbursement 10 / 23 / 2009
	Amount of Each Disbursement this Period 500.00 Todd Eachus, STATE HOUSE 116th PA

C. Full Name (Last, First, Middle Initial) Nutter for Mayor Mailing Address 1600 Arch Street City Philadelphia State PA Zip Code 19103 Purpose of Disbursement Michael Nutter, Mayor PA Candidate Name Michael Nutter Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30731857 Date of Disbursement 10 / 23 / 2009
	Amount of Each Disbursement this Period 1000.00 Michael Nutter, Mayor PA

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Friends of Senator Jane Nelson

Mailing Address P.O. Box 608

City State Zip Code
Grapevine TX 76099

Purpose of Disbursement
Jane Nelson, STATE SENATE 12th TX

Candidate Name
Sen. Jane Nelson

Office Sought: House
 Senate
 President

State: TX District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 30742147

Date of Disbursement

10 / 23 / 2009

Amount of Each Disbursement this Period

500.00

Jane Nelson, STATE SENATE
12th TX

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3000.00