

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2010 through 04 30 2010

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

Type or Print Name of Treasurer Todd Plott

Signature of Treasurer Electronically Filed by Todd Plott Date 05 20 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62272.29
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	85011.89									
(c) Total Receipts (from Line 19) .....	13066.60	50906.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	98078.49	113178.49								
7. Total Disbursements (from Line 31) .....	9500.00	24600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	88578.49	88578.49								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10696.00	32925.00
(ii) Unitemized .....	2370.60	17981.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13066.60	50906.20
(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) .....	13066.60	50906.20
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)) .....	13066.60	50906.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13066.60	50906.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	8000.00	21250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1500.00	3350.00
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))..	9500.00	24600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	24600.00

**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) .....	13066.60	50906.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13066.60	50906.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address **20 SEA LANE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-5268**

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

Name of Employer **HILTON HEAD HOSPITAL** Occupation **PRESIDENT/CEO**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 01 / 2010**  
**Transaction ID: 31572729**  
 Amount of Each Receipt this Period **500.00**

**B.** Full Name (Last, First, Middle Initial)  
**PAUL C SCHWARZKOPF**

Mailing Address **100 GREENBRIER CT**

City **ATLANTIS** State **FL** Zip Code **33462-1026**

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

Name of Employer **TENET HEALTHCARE CORPORAT-ION** Occupation **DIR**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 08 / 2010**  
**Transaction ID: 31574448**  
 Amount of Each Receipt this Period **250.00**

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

Mailing Address **5757 SOUTHWESTERN BLVD**

City **DALLAS** State **TX** Zip Code **75209-3437**

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

Name of Employer **TENET HEALTHCARE CORPORAT-ION** Occupation **VP**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 08 / 2010**  
**Transaction ID: 31574450**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 30  
(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)  
RONALD YUKELSON

Mailing Address 1120 ISLAY STREET

City State Zip Code  
SAN LUIS OBISPO CA 93401-3708

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CENTURY CITY HOSPITAL ASSOCIATE ADMINISTRATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 08 / 2010

**Transaction ID:** 31574453

Amount of Each Receipt this Period 250.00

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

Mailing Address 7243 BAXTERSHIRE DRIVE

City State Zip Code  
DALLAS TX 75230-3170

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT- VP  
ION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 766.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 08 / 2010

**Transaction ID:** 31574454

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
MITCHELL S FELDMAN

Mailing Address 7021 W. CYPRESS HEAD DR

City State Zip Code  
PARKLAND FL 33067-2307

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
WEST BOCA MEDICAL CENTER CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 08 / 2010

**Transaction ID:** 31574458

Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1350.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) CLINT HAILEY	Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 3724 COUNTRY CLUB CIRCLE	<b>Transaction ID:</b> 31574460
	City State Zip Code FORT WORTH TX 76109-1034	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION SVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Janie Sinacore-Jaberg	Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 4137 Colonel Vanderhorst Circle	<b>Transaction ID:</b> 31574462
	City State Zip Code Mount Pleasant SC 29466-8037	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EAST COOPER REGIONAL MEDI-CAL CENTER CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) NICHOLAS BONREPOS	Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 2628 ELMBROOK DR	<b>Transaction ID:</b> 31574463
	City State Zip Code CARROLLTON TX 75010-4242	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 30

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) DON W CHESTER		Date of Receipt	
	Mailing Address 148 BLOOMFIELD DR		M M / D D / Y Y Y Y Y 04 / 08 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 31574465
	WEST PALM BEACH	FL	33405-4102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer ST MARY'S MEDICAL CENTER		Occupation ADM DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT RUSSELL		Date of Receipt	
	Mailing Address 1001 SARANAC PARK		M M / D D / Y Y Y Y Y 04 / 30 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> PR1159116223659
	PEACHTREE CITY	GA	30269-1274	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		P/R Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY KOURY		Date of Receipt	
	Mailing Address 42 BARNEBURG		M M / D D / Y Y Y Y Y 04 / 30 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> PR1481203523659
	DOVE CANYON	CA	92679-4210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		76.00	
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP AND REGIONAL CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.00		P/R Deduction (\$38.00 Bi-Weekly)

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

626.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 30  
(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 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- VP  
ION

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR1568624523659

Amount of Each Receipt this Period  
76.00

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

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

Mailing Address 15126 FERDINAND DR

City State Zip Code  
DALLAS TX 75248-6437

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) ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR1592856023659

Amount of Each Receipt this Period  
76.00

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

**C.** Full Name (Last, First, Middle Initial)  
ROBERT SMITH

Mailing Address 5325 TATE AVE

City State Zip Code  
PLANO TX 75093-3433

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) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR1592857723659

Amount of Each Receipt this Period  
80.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 232.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 30  
(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)  
RICKY JOHNSTON

Mailing Address 404 N.CHURCH ST

City State Zip Code  
MCKINNEY TX 75069

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 ▼ 405.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR1592858223659

Amount of Each Receipt this Period  
90.00

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

**B.** Full Name (Last, First, Middle Initial)  
JAY MIRANDA

Mailing Address 15871 SW 148 TERRACE

City State Zip Code  
MIAMI FL 33196-5701

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

Name of Employer Occupation  
CORAL GABLES HOSPITAL CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR1734839223659

Amount of Each Receipt this Period  
80.00

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

**C.** 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 CORPORAT-ION VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR1814798523659

Amount of Each Receipt this Period  
192.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **362.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK P LISA	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 391 E MILGEO AVE	<b>Transaction ID:</b> PR2174141223659
	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 342.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) PHILLIP SOWA	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 621 BIRDSALL ST	<b>Transaction ID:</b> PR2174298123659
	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 342.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT J CUNNAH	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 163 VILLAGIO WEST	<b>Transaction ID:</b> PR2174361623659
	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 450.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	252.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 30  
(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)  
DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City State Zip Code  
MODESTO CA 95355-8446

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

Name of Employer DOCTORS MEDICAL CENTER-MO-DESTO  
Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR2174541523659

Amount of Each Receipt this Period 76.00

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

**B.**

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

Mailing Address 272 ENCLAVES COURT

City State Zip Code  
COPPELL TX 75019-2125

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

Name of Employer TENET HEALTHCARE CORPORAT-ION  
Occupation SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR2174559923659

Amount of Each Receipt this Period 192.00

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

**C.**

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

Mailing Address 4535 MANNING LANE

City State Zip Code  
DALLAS TX 75220-6434

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR2174563623659

Amount of Each Receipt this Period 200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **468.00**

**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 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JEFFERY FLOCKEN		Date of Receipt
	Mailing Address 27 NEW DAWN		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	IRVINE	CA	92620-1976
	FEC ID number of contributing federal political committee.		Transaction ID: PR2174567323659
		Amount of Each Receipt this Period	<input type="text" value="200.00"/>
Name of Employer TENET HEALTHCARE CORPORATION		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="900.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) SALLY A HURT-STEFFEN		Date of Receipt
	Mailing Address 712 WALTHAM CT		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	EL PASO	TX	79922-2128
	FEC ID number of contributing federal political committee.		Transaction ID: PR2248480223659
		Amount of Each Receipt this Period	<input type="text" value="76.00"/>
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL		Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="342.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL BLACKBURN		Date of Receipt
	Mailing Address 4141 16TH STREET NE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	HICKORY	NC	28601-8408
	FEC ID number of contributing federal political committee.		Transaction ID: PR2369304323659
		Amount of Each Receipt this Period	<input type="text" value="76.00"/>
Name of Employer FRYE REGIONAL MEDICAL CENTER		Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="342.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="352.00"/>
<b>TOTAL</b> 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 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN SHORT		Date of Receipt
	Mailing Address 3108 Clymer Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2010
	City	State	Zip Code
	Plano	TX	75025-5325
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2387796623659
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP - PMI	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	<input type="text"/> 78.00
			P/R Deduction (\$39.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL CASTANON		Date of Receipt
	Mailing Address 2101 Looscan lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2010
	City	State	Zip Code
	Houston	TX	77019-1507
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2398953023659
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP & Asst. General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.00	<input type="text"/> 76.00
			P/R Deduction (\$38.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) JACOB J. SPRUIT		Date of Receipt
	Mailing Address 5608 Maxon Marsh 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 04 / 30 / 2010
	City	State	Zip Code
	Hiram	GA	30141-2879
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2398965023659
Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 207.00	<input type="text"/> 46.00
			P/R Deduction (\$23.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 30  
(check only one)

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

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

**A.**

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

Mailing Address 531 EVERGREEN DRIVE

City State Zip Code  
MANDEVILLE LA 70448-7574

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

Name of Employer  
DIAGNOSTIC IMAGING SERVICES

Occupation  
CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR2440288723659

Amount of Each Receipt this Period  
76.00

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

**B.**

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

Mailing Address 7243 BAXTERSHIRE DRIVE

City State Zip Code  
DALLAS TX 75230-3170

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

Name of Employer  
TENET HEALTHCARE CORPORATION

Occupation  
VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
842.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407201323659

Amount of Each Receipt this Period  
76.00

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

**C.**

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

Mailing Address 16 SARAH NASH CT

City State Zip Code  
DALLAS TX 75225-2072

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

Name of Employer  
TENET HEALTHCARE CORPORATION

Occupation  
EVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1710.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407210623659

Amount of Each Receipt this Period  
380.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **532.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
JOHN B MCDONALD

Mailing Address 2230 WARNER ROAD

City State Zip Code  
FORT WORTH TX 76110-1752

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 ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407215823659

Amount of Each Receipt this Period  
76.00

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

**B.**

Full Name (Last, First, Middle Initial)  
TERESA L HUSKEY

Mailing Address 4333 PERSHING AVE

City State Zip Code  
FT WORTH TX 76107-4243

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT- SR DIR  
ION

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407218623659

Amount of Each Receipt this Period  
78.00

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

**C.**

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

Mailing Address 4006 RAMSGATE CT

City State Zip Code  
COLLEYVILLE TX 76034-4473

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT- CEO  
ION

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407222123659

Amount of Each Receipt this Period  
76.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **230.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT S HENDLER	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 11122 W RICKS CIRCLE	<b>Transaction ID:</b> PR407222823659
	City State Zip Code DALLAS TX 75230-3032	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation REGIONAL CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MARK E PEACOCK	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1120 CHESTERTON DR	<b>Transaction ID:</b> PR407226023659
	City State Zip Code RICHARDSON TX 75080-2919	Amount of Each Receipt this Period 6.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$3.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GARY K RUFF	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 714 KENT CT	<b>Transaction ID:</b> PR407229223659
	City State Zip Code SOUTHLAKE TX 76092-8868	Amount of Each Receipt this Period 384.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$192.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP & GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>490.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) GARRY MOLNEY	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2708 ISLAND LEDGE COVE	<b>Transaction ID:</b> PR407234323659
	City State Zip Code AUSTIN TX 78746-1982	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 342.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN QUINN	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1138 PINE VALLEY ROAD	<b>Transaction ID:</b> PR407236023659
	City State Zip Code GRIFFIN GA 30224-4953	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SPALDING REGIONAL 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 ▼ 342.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CHARLES MILLER	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 747 MENDENHALL CT	<b>Transaction ID:</b> PR407241423659
	City State Zip Code FORT MILL SC 29715-7852	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PIEDMONT MEDICAL CENTER	Occupation MARKET 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 ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>190.00</b>
<b>TOTAL</b> 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 20 / 30  
(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) ▼ 864.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407242923659

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) ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407244823659

Amount of Each Receipt this Period  
70.00

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

**C.** 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407250423659

Amount of Each Receipt this Period  
80.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 342.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 11034 TIBBS STREET

City State Zip Code  
DALLAS TX 75230-3450

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1728.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407257723659

Amount of Each Receipt this Period  
384.00

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

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

Mailing Address 13802 MAGNOLIA MANOR

City State Zip Code  
CYPRESS TX 77429-8162

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

Name of Employer Occupation  
CYPRESS FAIRBANKS MEDICAL CEO  
CENTER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407265623659

Amount of Each Receipt this Period  
70.00

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

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

Mailing Address 1855 SILVERWINGS CT

City State Zip Code  
MORGAN HILL CA 95037-9002

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

Name of Employer Occupation  
COMMUNITY HOSPITAL OF LOS CEO  
GATOS

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407266423659

Amount of Each Receipt this Period  
60.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 514.00

**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 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MICHELE 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 Occupation  
DES PERES HOSPITAL CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt: M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407268523659

Amount of Each Receipt this Period: 76.00

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

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

Mailing Address 23510 BERDON STREET

City State Zip Code  
WOODLAND HILLS CA 91367-3004

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT-ION VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407274123659

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 State Zip Code  
NEWPORT BEACH CA 92660-4266

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

Name of Employer Occupation  
PLACENTIA LINDA HOSPITAL CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt: M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR407278123659

Amount of Each Receipt this Period: 76.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **232.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) CANDACE MARKWITH		Date of Receipt	
	Mailing Address 980 ISABELLA WAY		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> PR407280323659
	SAN LUIS OBISPO	CA	93405-6186	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		76.00		
Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER		Occupation CEO		P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) RODNEY A REASONER		Date of Receipt	
	Mailing Address 1960 MARY LEE LN		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> PR407280923659
	ALLEN	TX	75002-8528	
	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 ▼ 342.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHELE M FINNEY		Date of Receipt	
	Mailing Address 21521 TURTLEDOVE STREET		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> PR407283923659
	TRABUCO CANYON	CA	92679-3486	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		76.00		
Name of Employer LOS ALAMITOS MEDICAL CENTER		Occupation CEO		P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	228.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) KEN WHEAT	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Mailing Address 31855 DATE PALM DR#3	<b>Transaction ID:</b> PR407288723659
	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. <b>C</b>	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RICK LYONS	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Mailing Address 2425 BATTERING ROCK RD	<b>Transaction ID:</b> PR413941923659
	City State Zip Code TEMPLETON CA 93465-8371	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer TWIN CITIES COMMUNITY HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KENNETH F SUTHERLAND	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Mailing Address 102 WILMINGTON CT	<b>Transaction ID:</b> PR839152223659
	City State Zip Code SOUTHLAKE TX 76092-8492	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>228.00</b>
<b>TOTAL</b> 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 / 30  
(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)  
EDWARD MESCO

Mailing Address 7365 NW 54TH STREET

City LAUDERHILL State FL Zip Code 33319-6346

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2010

**Transaction ID:** PR839477823659

Amount of Each Receipt this Period 50.00

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

**B.**

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

Mailing Address 702 PENFOLDS

City COPPELL State TX Zip Code 75019-4544

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 04 / 30 / 2010

**Transaction ID:** PR840566923659

Amount of Each Receipt this Period 384.00

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

**C.**

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

Mailing Address 16015 KEMPTON PARK

City SPRING State TX Zip Code 77379-6730

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

Name of Employer HOUSTON NW MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2010

**Transaction ID:** PR840590423659

Amount of Each Receipt this Period 76.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **510.00**

**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 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID 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 ▼ 360.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR840924623659  
Amount of Each Receipt this Period: 80.00  
P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 1221 WENTWOOD

City State Zip Code  
IRVING TX 75061-4456

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR842232423659  
Amount of Each Receipt this Period: 150.00  
P/R Deduction (\$75.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH JOHNSON

Mailing Address 3302 MARSH LANE

City State Zip Code  
GRAPEVINE TX 76051-6828

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORAT-ION VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR842373123659  
Amount of Each Receipt this Period: 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 306.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 30

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MANUEL LINARES		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 7710 CENTER BAY DR		Transaction ID: PR844477223659		
	City NORTH BAY VILLAGE	State FL	Zip Code 33141-4019	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)		
	Name of Employer NORTH SHORE MEDICAL CENTER	Occupation CEO	Aggregate Year-to-Date 342.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 5412 GLENSHIRE DR		Transaction ID: PR844644423659		
	City PLANO	State TX	Zip Code 75093-2800	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)		
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR DIR	Aggregate Year-to-Date 450.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES CLEMENTS		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 3013 GOLF CREST LANE		Transaction ID: PR849790223659		
	City WOODSTOCK	State GA	Zip Code 30189-8197	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)		
	Name of Employer SOUTH FULTON MEDICAL CENT- ER	Occupation ASSOC	Aggregate Year-to-Date 342.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	252.00
<b>TOTAL</b> This Period (last page this line number only) .....	10696.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 30

<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

<b>A.</b> Full Name (Last, First, Middle Initial) David Dewhurst Committee <hr/> Mailing Address P.O. Box 756 <hr/> City Austin State TX Zip Code 78767-0756 <hr/> Purpose of Disbursement David Dewhurst, LT. GOVERNOR TX Candidate Name Lt. Govern David Dewhurst Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31582872 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 <hr/> David Dewhurst, LT. GOVERNOR TX
<b>B.</b> Full Name (Last, First, Middle Initial) Royce West Campaign <hr/> Mailing Address 1133 Madison Street <hr/> City Dallas State TX Zip Code 75208 <hr/> Purpose of Disbursement Royce West, STATE SENATE 23rd TX Candidate Name Senator Royce West Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31659679 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 <hr/> Royce West, STATE SENATE 23rd TX

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 30

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

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

A.	Full Name (Last, First, Middle Initial) Bob Corker for Senate, Inc.	Transaction ID: 31659674 Date of Disbursement 04 / 22 / 2010
	Mailing Address P.O. Box 848	Amount of Each Disbursement this Period 1500.00
	City Chattanooga State TN Zip Code 37401	
	Purpose of Disbursement DEBT RETIREMENT Candidate Name Bob Corker	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary Debt 2006
		DEBT RETIREMENT

B.	Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza	Transaction ID: 31659675 Date of Disbursement 04 / 22 / 2010
	Mailing Address PO Box 2749	Amount of Each Disbursement this Period 2000.00
	City Merced State CA Zip Code 95340	
	Purpose of Disbursement 2010 Primary Candidate Name Dennis Cardoza	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2010 Primary

C.	Full Name (Last, First, Middle Initial) Georgians for Isakson	Transaction ID: 31659676 Date of Disbursement 04 / 22 / 2010
	Mailing Address P.O. Box 250116	Amount of Each Disbursement this Period 2500.00
	City Atlanta State GA Zip Code 30325	
	Purpose of Disbursement 2010 Primary Candidate Name Sen. Johnny Isakson	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2010 Primary

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 30

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Nelson 2012 Mailing Address PO Box 8666 City Omaha State NE Zip Code 68108 Purpose of Disbursement 2012 Primary Candidate Name Ben Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31659677 Date of Disbursement 04 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00 011 Category/ Type 2012 Primary
<b>B.</b> Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey Mailing Address PO Box 1322 City Wausau State WI Zip Code 54402 Purpose of Disbursement 2010 Primary Candidate Name Rep. David Obey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31659678 Date of Disbursement 04 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00 011 Category/ Type 2010 Primary

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

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

8000.00