



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		119469.51
(b) Cash on Hand at Beginning of Reporting Period.....	68668.58	
(c) Total Receipts (from Line 19) .....	8014.75	165302.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76683.33	284771.63
7. Total Disbursements (from Line 31).....	15500.00	223588.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61183.33	61183.33
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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6118.15	62730.70
(ii) Unitemized .....	1896.60	36404.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8014.75	99135.00
(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) .....	8014.75	99135.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	64667.12
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	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8014.75	165302.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8014.75	165302.12

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	220.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	220.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	143500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	63.00
(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	63.00
29. Other Disbursements .....	7500.00	79805.30
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15500.00	223588.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15500.00	223588.30

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8014.75	99135.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	63.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8014.75	99072.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	220.00
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	220.00

**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 OF 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	

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. MICHAEL J BIERMAN, JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Center Ct  
 City Heath State TX Zip Code 75032-5999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, MANAGED CARE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 02 / 2014**  
**Transaction ID : AE4A131E48ED845A69FB**  
 Amount of Each Receipt this Period **250.00**  
 Check Contribution

**B. CAROLYN CALDWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 S Camino Monte  
 City Palm Springs State CA Zip Code 92264-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 02 / 2014**  
**Transaction ID : ABAD2D72CE4244640AF9**  
 Amount of Each Receipt this Period **1000.00**  
 Check Contribution

**C. CLINT HAILEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3724 Country Club Cir  
 City Fort Worth State TX Zip Code 76109-1034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF MGD CARE OFCR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 02 / 2014**  
**Transaction ID : A65B08A6BA298409FAF6**  
 Amount of Each Receipt this Period **500.00**  
 Check Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1750.00**  
**TOTAL** This Period (last page this line number only).....

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

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

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

**A. JOHN A GRAH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6104 La Posta Dr  
 City El Paso State TX Zip Code 79912-1842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation COO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **780.00**

Date of Receipt **10 / 04 / 2014**  
**Transaction ID : A94AEC70D842C4FD4A4B**  
 Amount of Each Receipt this Period **39.00**  
 Payroll Deduction: \$39.00/Bi-Weekly

**B. ERIK G. WEXLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 STUART ST, UNIT 25E  
 City Boston State MA Zip Code 02116-5675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tenet Healthcare Corp Occupation CEO, Northeast Region  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **312.00**

Date of Receipt **10 / 04 / 2014**  
**Transaction ID : A423FDA0CC8FC4380957**  
 Amount of Each Receipt this Period **39.00**  
 Payroll Deduction: \$39.00/Bi-Weekly

**C. JASON E EVANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 676 Bryn Mahr Ln  
 City Rockwall State TX Zip Code 75087-6018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LAKE POINTE MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **780.00**

Date of Receipt **10 / 04 / 2014**  
**Transaction ID : A6CCAA91CB5034894B4E**  
 Amount of Each Receipt this Period **39.00**  
 Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **117.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 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. ROB FINNEGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2804 Carriage Trl

City McKinney State TX Zip Code 75070-4306

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, FINANCE ASC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : AB099EB15B51A4D77AB1**

Amount of Each Receipt this Period **19.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 3014 Castle Pines Dr

City Duluth State GA Zip Code 30097-2039

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

Name of Employer ATLANTA MEDICAL CENTER Occupation MARKET CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A466233B291514B91B26**

Amount of Each Receipt this Period **20.00**

Payroll Deduction: \$20.00/Bi-Weekly

**C. TYLER MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Londonberry Ter

City Southlake State TX Zip Code 76092-7321

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP AND TREASURER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A8C1184C286ED4B7DA43**

Amount of Each Receipt this Period **19.00**

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **58.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MICHELE M FINNEY</b>		Date of Receipt
Mailing Address 21521 Turtledove St		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Trabuco Canyon	CA	92679-3486
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AADCA244DD2514B53B5C</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LOS ALAMITOS MEDICAL CENTER	CEO	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$38.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="760.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL K BURTNETT</b>		Date of Receipt
Mailing Address 1131 N Edgefield Ave		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75208-3624
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AFC19C32FD7DE452992D</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	VP, OUTPATIENT SERVICES	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$38.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="760.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CRAIG C ARMIN</b>		Date of Receipt
Mailing Address 23510 Berdon St		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Woodland Hills	CA	91367-3004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A23C2730C21A74462ADA</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	VP, GOVT PROGRAMS	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$40.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="116.00"/>
<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 10 OF 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. JACK HARARI**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Lido Dr

City Fort Lauderdale State FL Zip Code 33301-2537

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

Name of Employer WEST BOCA MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AB1633227D60A4FDEA46**

Amount of Each Receipt this Period 10.00

Payroll Deduction: \$10.00/Bi-Weekly

**B. Mr. JAMES M THATCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6608 Castle Pines Dr

City Plano State TX Zip Code 75093-6378

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

Name of Employer CONIFER Occupation SVP, BUS DEVELOPMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A2951E8BB557C4F5F9EE**

Amount of Each Receipt this Period 19.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 255 Evernia St Apt 1503

City West Palm Bch State FL Zip Code 33401-5691

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

Name of Employer Pinnacle M.S.O Occupation VP & CEO MIDTOWN IMAGING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AAC294A9C6BEB470F988**

Amount of Each Receipt this Period 19.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 48.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 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. KENNETH F SUTHERLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Wilmington Ct  
 City Southlake State TX Zip Code 76092-8492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CONSTRUCTION & DESIG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A52ABC0D5A6BF43E7B90**  
 Amount of Each Receipt this Period 38.00  
 Payroll Deduction: \$38.00/Bi-Weekly

**B. JEFFREY KOURY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Barneburg  
 City Dove Canyon State CA Zip Code 92679-4210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A5A892522DEE34A2A888**  
 Amount of Each Receipt this Period 38.00  
 Payroll Deduction: \$38.00/Bi-Weekly

**C. DAWN CASTRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15408 Fox Meadow Ln  
 City Frisco State TX Zip Code 75035-3671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONIFER Occupation VP CLIENT DELIVERY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A49E56E9723CC4D20810**  
 Amount of Each Receipt this Period 19.00  
 Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 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. LESTER G COTTLE**  
Full Name (Last, First, Middle Initial)  
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 ▼  
**380.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 04 / 2014**  
**Transaction ID : AEF2B29A70B7454DBE9**  
Amount of Each Receipt this Period  
**19.00**  
Payroll Deduction: \$19.00/Bi-Weekly

**B. MARK P LISA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 391 E Milgeo Ave  
City State Zip Code  
Ripon CA 95366-2120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
DOCTORS HOSPITAL OF MANTECA CEO  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**780.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 04 / 2014**  
**Transaction ID : AC6506AA2C2F74D4B8AC**  
Amount of Each Receipt this Period  
**39.00**  
Payroll Deduction: \$39.00/Bi-Weekly

**C. CONLEY S CERVANTES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 819 Cambridge Manor Ln  
City State Zip Code  
Coppell TX 75019-6105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
TENET HEALTHCARE CORPORATION SR DIR, MANAGED CARE  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**240.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 04 / 2014**  
**Transaction ID : AC565E0F889F449A68B5**  
Amount of Each Receipt this Period  
**12.00**  
Payroll Deduction: \$12.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>70.00</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 13 OF 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	

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. STEPHEN W KROUSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 632 Hirst Ave

City Havertown State PA Zip Code 19083-4126

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

Name of Employer Occupation  
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN CHIEF HR OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
10 / 04 / 2014  
**Transaction ID : A80FAF448E3D54C6BA17**

Amount of Each Receipt this Period  
19.00

Payroll Deduction: \$19.00/Bi-Weekly

**B. JEREMY D FALKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 18726 Olive St

City Omaha State NE Zip Code 68136-1229

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION DIR, STRTGIC OPS, ANLYS & REPORTING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
10 / 04 / 2014  
**Transaction ID : AC0392595CA774ADEBE2**

Amount of Each Receipt this Period  
19.00

Payroll Deduction: \$19.00/Bi-Weekly

**C. SALLY A HURT-STEFFEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 Waltham Ct

City El Paso State TX Zip Code 79922-2128

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

Name of Employer Occupation  
SIERRA PROVIDENCE EASTSIDE HOSPITAL CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 04 / 2014  
**Transaction ID : A31850E592AA84A71A5E**

Amount of Each Receipt this Period  
50.00

Payroll Deduction: \$50.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 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. DINA L DUNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3717 Cherry Ridge Dr

City Frisco State TX Zip Code 75033-1328

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, HR HOSPITAL OPS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : AEDB8030CA40844ACAF3**

Amount of Each Receipt this Period **25.00**

Payroll Deduction: \$25.00/Bi-Weekly

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

Mailing Address 6704 Westmont Dr

City Colleyville State TX Zip Code 76034-7263

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, INFO SYSTEMS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A5406AF3DA3AE4DFFB09**

Amount of Each Receipt this Period **20.00**

Payroll Deduction: \$20.00/Bi-Weekly

**C. JOHN QUINN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1138 Pine Valley Rd

City Griffin State GA Zip Code 30224-4953

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

Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A7857E5323D70411C90F**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$38.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **83.00**

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

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

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

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

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

Mailing Address 1300 Binz St

City Houston State TX Zip Code 77004-7016

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

Name of Employer PLAZA SPECIALTY HOSPITAL Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A64E889414EE648DB9E5**

Amount of Each Receipt this Period **19.00**

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. SHELLEY GILES**

Mailing Address 3803 Stockton Ln

City Dallas State TX Zip Code 75287-4919

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, RELOCATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A8D42E68C2CB84C2CA8E**

Amount of Each Receipt this Period **20.00**

Payroll Deduction: \$20.00/Bi-Weekly

Full Name (Last, First, Middle Initial)  
**C. CONRAD MALLET**

Mailing Address 19386 Cumberland Way

City Detroit State MI Zip Code 48203-1456

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

Name of Employer Detroit Medical Center Occupation Chief Administrative Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1639.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : AA978585209DA42E8994**

Amount of Each Receipt this Period **583.00**

Payroll Deduction: \$583.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **622.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 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. JEREMY CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2411 N Hall St  
Apt 19

City Dallas State TX Zip Code 75204-2839

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
10 / 04 / 2014  
Transaction ID : **A98FED99145B74C9AA4A**

Amount of Each Receipt this Period 20.00

Payroll Deduction: \$20.00/Bi-Weekly

**B. LERRYN CROCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2386 Liledoun Rd

City Taylorsville State NC Zip Code 28681-8892

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt  
10 / 04 / 2014  
Transaction ID : **A3B8EDEAB200444218CA**

Amount of Each Receipt this Period 96.00

Payroll Deduction: \$96.00/Bi-Weekly

**C. MARK H BRYAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7480 Kings Mountain Rd

City Vestavia State AL Zip Code 35242-2581

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

Name of Employer DELRAY MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
10 / 04 / 2014  
Transaction ID : **A20B20CC729E04B12AF7**

Amount of Each Receipt this Period 19.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 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. ROBERT B SHAPPLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1043 Humphrey Oaks Cir  
 City Memphis State TN Zip Code 38120-2626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAINT FRANCIS HOSPITAL Occupation ASSOC. ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt **10 / 04 / 2014**  
**Transaction ID : A56C79DF80B1A4214B8F**  
 Amount of Each Receipt this Period **19.00**  
 Payroll Deduction: \$19.00/Bi-Weekly

**B. DANIEL M KARNUTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 981 Patrician Ct  
 City McKinney State TX Zip Code 75069-8781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONIFER Occupation SVP & CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 04 / 2014**  
**Transaction ID : AA60020A102F44ED1AF0**  
 Amount of Each Receipt this Period **25.00**  
 Payroll Deduction: \$25.00/Bi-Weekly

**C. AUDREY T ANDREWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 Penfolds Ln  
 City Coppell State TX Zip Code 75019-4544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3840.00**

Date of Receipt **10 / 04 / 2014**  
**Transaction ID : A2525CC04BA8C4D9DBA0**  
 Amount of Each Receipt this Period **192.00**  
 Payroll Deduction: \$192.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>236.00</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 18 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. KELVIN A BAGGETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6453 Tulip Ln  
 City Dallas State TX Zip Code 75230-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF MEDICAL OFCR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A3898DE2CF55B490AB1A**  
 Amount of Each Receipt this Period 39.00  
 Payroll Deduction: \$39.00/Bi-Weekly

**B. VANESSA BENAVIDES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3818 Cedar Spr # 101-32  
 City Dallas State TX Zip Code 75219-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CORP COMPLIANCE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A5ADCB4ABA04E4F2A94A**  
 Amount of Each Receipt this Period 39.00  
 Payroll Deduction: \$39.00/Bi-Weekly

**C. TIM ADAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2408 University Club Dr  
 City Austin State TX Zip Code 78732-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP REGIONAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AD81FA292DFA54171BFE**  
 Amount of Each Receipt this Period 96.00  
 Payroll Deduction: \$96.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 174.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 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. TIMOTHY PUTHOFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Ross Avenue  
Suite 1400

City Dallas State TX Zip Code 75202-2703

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

Name of Employer HOUSTON NORTHWEST MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A9B1B8DEA2BD741F8994**

Amount of Each Receipt this Period 39.00

Payroll Deduction: \$39.00/Bi-Weekly

**B. MICHAEL HALTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Righters Mill Rd

City Penn Valley State PA Zip Code 19072-1312

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

Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 371.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AAB32ADEE7B4A423BBA0**

Amount of Each Receipt this Period 10.00

Payroll Deduction: \$10.00/Bi-Weekly

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

Mailing Address 5001 Ashland Belle Ln

City Frisco State TX Zip Code 75035-7682

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CLINICAL SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AB2D3675AC7CD47D7A51**

Amount of Each Receipt this Period 40.00

Payroll Deduction: \$40.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 89.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 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. ELIZABETH JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3302 Marsh Ln

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, APPLIED CLINICAL INF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt: 10 / 04 / 2014  
**Transaction ID : A167C5EA10F87463FB3A**

Amount of Each Receipt this Period: **38.00**

Payroll Deduction: \$38.00/Bi-Weekly

**B. HAROLD K. BANDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 9004 OLD SMRYNA RD

City Brentwood State TN Zip Code 37027-6058

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

Name of Employer: Tenet Healthcare Corp  
Occupation: Senior Director, IS Architecture

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt: 10 / 04 / 2014  
**Transaction ID : A2F49EA1167D44453B8B**

Amount of Each Receipt this Period: **40.00**

Payroll Deduction: \$40.00/Bi-Weekly

**C. ALVIN W JOSEPHS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3717 Herwol Ave

City Waco State TX Zip Code 76710-7218

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

Name of Employer: TENET HEALTHCARE CORPORATION  
Occupation: SR DIR, COMPLNCE POLICY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 10 / 04 / 2014  
**Transaction ID : AF17DD35623BF4398B9A**

Amount of Each Receipt this Period: **39.00**

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **117.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 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**

Full Name (Last, First, Middle Initial) <b>A. MR COLLIN O LEMAISTRE</b>		Date of Receipt
Mailing Address 288 Boulder Ln		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Nacogdoches	TX	75965-7006
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A8B501A36F1CB4A4D8F6</b>
NACOGDOCHES MEDICAL CENTER	COO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="209.00"/>	<input type="text" value="19.00"/>
		Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial) <b>B. ANDREAS M GRAF</b>		Date of Receipt
Mailing Address 3975 Stockton Ln		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75287-4921
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A2EFC65D85F2F4E3E953</b>
TENET HEALTHCARE CORPORATION	MGR, TRAVEL	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	<input type="text" value="19.00"/>
		Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial) <b>C. PHILLIP SOWA</b>		Date of Receipt
Mailing Address 4909 Laclede Ave Apt 805		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Saint Louis	MO	63108-1446
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A575A9EB553BB450DB7A</b>
SAINT LOUIS UNIVERSITY HOSPITAL	CEO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="390.00"/>	<input type="text" value="39.00"/>
		Payroll Deduction: \$39.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="77.00"/>
<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 22 OF 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. IRIS A. TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 549 Fiske Drive

City Detroit	State MI	Zip Code 48214-2988
-----------------	-------------	------------------------

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

Name of Employer Detroit Receiving Hospital	Occupation CEO
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2014

**Transaction ID : A035BA943AFE5408FAF3**

Amount of Each Receipt this Period  

39.00
-------

Payroll Deduction: \$39.00/Bi-Weekly

**B. MARK R. MONTONEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Potter Lane

City Gallatin	State TN	Zip Code 37066-7499
------------------	-------------	------------------------

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

Name of Employer Tenet Healthcare Corporation	Occupation CMO
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2014

**Transaction ID : A1A6A634F269A4481BFF**

Amount of Each Receipt this Period  

39.00
-------

Payroll Deduction: \$39.00/Bi-Weekly

**C. MARITA COVARRUBIAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7115 Wildgrove Ave

City Dallas	State TX	Zip Code 75214-3841
----------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP & ASST GENERAL COUNSE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2014

**Transaction ID : A18ACC241A6DC43268FF**

Amount of Each Receipt this Period  

19.00
-------

Payroll Deduction: \$19.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>97.00</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 23 OF 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. ROBERT HOEFER**  
Full Name (Last, First, Middle Initial)

Mailing Address 11216 Hermitage Hill Place

City Saint Louis State MO Zip Code 63131-3322

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

Name of Employer St. Louis University Hospital Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A860361CCFD614D0A9E5**

Amount of Each Receipt this Period **39.00**

Payroll Deduction: \$39.00/Bi-Weekly

**B. DENISE F BERGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1504 Country Bend Dr

City Saint Charles State MO Zip Code 63303-2512

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

Name of Employer DES PERES HOSPITAL Occupation HOSPITAL COMPLIANCE OFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : ABDB205C8340B4B338FF**

Amount of Each Receipt this Period **39.00**

Payroll Deduction: \$39.00/Bi-Weekly

**C. KEITH STANHILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10423 REDMOND DRIVE

City Cordova State TN Zip Code 38016-5436

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

Name of Employer St. Francis-Equicare Occupation CHIEF HR OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : ABCF6794BA4B9487BAD8**

Amount of Each Receipt this Period **19.00**

Payroll Deduction: \$19.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>97.00</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 24 OF 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. EDWARD MESCO**  
Full Name (Last, First, Middle Initial)

Mailing Address 7365 NW 54th St

City State Zip Code  
Lauderhill FL 33319-6346

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION DIR, REG REIMBURSEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 04 / 2014  
**Transaction ID : A449EC1B72153463D925**

Amount of Each Receipt this Period  
25.00

Payroll Deduction: \$25.00/Bi-Weekly

**B. PAUL A CASTANON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6307 Preston Pkwy

City State Zip Code  
Dallas TX 75205-1650

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP & DEPUTY GNRL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
10 / 04 / 2014  
**Transaction ID : A9023E11CC5534661BF6**

Amount of Each Receipt this Period  
19.00

Payroll Deduction: \$19.00/Bi-Weekly

**C. COREY L DAVISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Crepe Myrtle Dr

City State Zip Code  
Flower Mound TX 75028-3617

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP, GOV'T RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  
10 / 04 / 2014  
**Transaction ID : A4F204B47B2BC4E4A842**

Amount of Each Receipt this Period  
39.00

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 83.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 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. THOMAS WOLF**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2613 Millington Dr  
City Plano State TX Zip Code 75093-3560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, REIMBURSEMENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **336.00**

Date of Receipt **10 / 04 / 2014**  
**Transaction ID : A81E04532DCE94B27B49**  
Amount of Each Receipt this Period **16.00**  
Payroll Deduction: \$16.00/Bi-Weekly

**B. DOUGLAS E RABE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7746 Eagle Trl  
City Dallas State TX Zip Code 75238-4115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, TAXATION  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 04 / 2014**  
**Transaction ID : ABA97AF8D12D9417A9FE**  
Amount of Each Receipt this Period **20.00**  
Payroll Deduction: \$20.00/Bi-Weekly

**C. GARY L HONTS JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7707 N 127th Ave  
City Omaha State NE Zip Code 68142-1723  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JFK Memorial Hospital Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1920.00**

Date of Receipt **10 / 04 / 2014**  
**Transaction ID : A666CE79BAC5847CBA5E**  
Amount of Each Receipt this Period **96.00**  
Payroll Deduction: \$96.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>132.00</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 26 OF 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**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN M MOONEY</b>		Date of Receipt
Mailing Address 4619 Briar Oaks Cir		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75287-7503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A145C3C81F83B4871A6B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CONIFER	PRESIDENT, CONIFER	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$39.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="780.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. GLORIA M LOERA</b>		Date of Receipt
Mailing Address 3061 Snowy Point Dr		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79938-5401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A4300DE6B97FE4045B3B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SIERRA PROVIDENCE EASTSIDE HOSPITAL	DIR, NURSING	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$10.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ALBERT BARROCAS</b>		Date of Receipt
Mailing Address 4050 Spalding Dr		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30350-1100
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A3121CD77E49349C8B51</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SOUTH FULTON MEDICAL CENTER	CHIEF MEDICAL OFFICER	<input type="text" value="19.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$19.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="342.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="68.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 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. JAMES E MCPARTLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2345 Timberlake Cir  
 City State Zip Code  
 Allen TX 75013-5835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION VP, PATIENT MGMT SYSTEMS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2014  
**Transaction ID : AD4525EE4590743BF9C1**  
 Amount of Each Receipt this Period  
 19.00  
 Payroll Deduction: \$19.00/Bi-Weekly

**B. RODNEY A REASONER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1960 Mary Lee Ln  
 City State Zip Code  
 Allen TX 75002-8528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION VP, FINANCE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2014  
**Transaction ID : A97FFD109839A49E5A06**  
 Amount of Each Receipt this Period  
 38.00  
 Payroll Deduction: \$38.00/Bi-Weekly

**C. MATTHEW C MICHAELS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3507 Munstead Trl  
 City State Zip Code  
 Frisco TX 75033-1166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CONIFER SVP, HOSPITAL OPS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2014  
**Transaction ID : AA0F8A3F240464975802**  
 Amount of Each Receipt this Period  
 19.00  
 Payroll Deduction: \$19.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.00
<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 28 OF 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. BRITT REYNOLDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Wentwood Dr

City Dallas State TX Zip Code 75225-4845

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation PRESIDENT OF HOSPITAL OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AD8D251590D7949A89F5**

Amount of Each Receipt this Period 96.15

Payroll Deduction: \$96.15/Bi-Weekly

**B. KAREN R FOWLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8306 Turquoise St

City El Paso State TX Zip Code 79904-2513

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

Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation ASST VP NURSING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AE20EDDD7D57241459B1**

Amount of Each Receipt this Period 19.00

Payroll Deduction: \$19.00/Bi-Weekly

**C. PAUL D. SLAVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 508 Forrest Ave

City Cleburne State TX Zip Code 76033-5345

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP COMPENSATION BENEFITS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AE63E3D1B74E449898FE**

Amount of Each Receipt this Period 19.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 134.15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 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. MONICA C VARGAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4017 Flamingo Dr

City El Paso State TX Zip Code 79902-1313

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A66F9F42D780E431E8AC**

Amount of Each Receipt this Period **19.00**

Payroll Deduction: \$19.00/Bi-Weekly

**B. PHILLIP W. ROE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Ross Avenue Suite 1400

City Dallas State TX Zip Code 75202-2703

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR. VICE PRESIDENT-FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A6F40F8786F3D4761877**

Amount of Each Receipt this Period **96.00**

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 1111 N Montclair Ave

City Dallas State TX Zip Code 75208-3520

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOVERNMENT RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1920.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A136A025B81DF4FD1ACB**

Amount of Each Receipt this Period **96.00**

Payroll Deduction: \$96.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>211.00</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 30 OF 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. NORMA A ZERINGUE**  
Full Name (Last, First, Middle Initial)

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 CONIFER Occupation SVP, STRATEGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A53457956703643DFA1C**

Amount of Each Receipt this Period 19.00

Payroll Deduction: \$19.00/Bi-Weekly

**B. RICHARD D CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5166 E Lake Blvd

City Birmingham State AL Zip Code 35217-3543

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

Name of Employer BROOKWOOD MEDICAL CENTER Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AAC4B0D5142584326855**

Amount of Each Receipt this Period 19.00

Payroll Deduction: \$19.00/Bi-Weekly

**C. DEBORAH DALEY**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 757

City Edgewood State TX Zip Code 75117-0757

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation ASST - ADMINISTRATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A62BD78DDB91541DB91E**

Amount of Each Receipt this Period 20.00

Payroll Deduction: \$20.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 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. GARY K RUFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 714 Kent Ct

City Southlake State TX Zip Code 76092-8868

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, PHYSICIAN RESOURCES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2014  
**Transaction ID : A563505CFA131432EA5E**

Amount of Each Receipt this Period  
 96.00

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 13802 Magnolia Manor Dr

City Cypress State TX Zip Code 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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2014  
**Transaction ID : A1FE80FF5A6F94953B63**

Amount of Each Receipt this Period  
 35.00

Payroll Deduction: \$35.00/Bi-Weekly

**C. ANDREI SORAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 Lothrop Street

City Newtonville State MA Zip Code 02460-1420

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

Name of Employer Detroit Medical Center Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2014  
**Transaction ID : A1AC9F93BFCC2424B849**

Amount of Each Receipt this Period  
 39.00

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 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. RICKY JOHNSTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 N Church St

City McKinney State TX Zip Code 75069-3854

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

Name of Employer: TENET HEALTHCARE CORPORATION  
Occupation: VP, IT TECHNOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: 10 / 04 / 2014  
**Transaction ID : AEB47D5EE1A7B41E2B3D**

Amount of Each Receipt this Period: **45.00**

Payroll Deduction: \$45.00/Bi-Weekly

**B. JAIKUMAR KRISHNASWAMY**  
Full Name (Last, First, Middle Initial)

Mailing Address 13123 Avalange Ct

City Cypress State TX Zip Code 77429-4913

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

Name of Employer: CYPRESS FAIRBANKS MEDICAL CENTER  
Occupation: COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: 10 / 04 / 2014  
**Transaction ID : A4BD9F2F9B6A041B0A87**

Amount of Each Receipt this Period: **19.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 2713 Stuyvesant Cir

City Modesto State CA Zip Code 95356-0337

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

Name of Employer: DOCTORS MEDICAL CENTER-MODESTO  
Occupation: COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: 10 / 04 / 2014  
**Transaction ID : A1047057D221344DFB0E**

Amount of Each Receipt this Period: **19.00**

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **83.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 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	<input type="checkbox"/> 17

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

**A. GARY J SLOAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 615 Stevens Ct

City Danville State CA Zip Code 94506-4805

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

Name of Employer San Ramon Regional Medical Center Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : ADF64D566430C4E179E2**

Amount of Each Receipt this Period **19.00**

Payroll Deduction: \$19.00/Bi-Weekly

**B. RUBEN O RODRIGUEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 6905 Villa Hermosa Dr

City El Paso State TX Zip Code 79912-2341

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, PLANT OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A8A43C50AA66D444BA7F**

Amount of Each Receipt this Period **19.00**

Payroll Deduction: \$19.00/Bi-Weekly

**C. JEFFREY K. STADNIK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1643 Rainbow Knls

City Chino Hills State CA Zip Code 91709-4866

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

Name of Employer TENET CALIFORNIA, SANTA ANA OFFICE Occupation SPEC-PRODUCTIVITY PMI SR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt **10 / 04 / 2014**

**Transaction ID : A3A576B4289E843559EA**

Amount of Each Receipt this Period **15.00**

Payroll Deduction: \$15.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **53.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 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. CATHRYN H FRASER**  
Full Name (Last, First, Middle Initial)

Mailing Address 272 Enclaves Ct

City Coppel State TX Zip Code 75019-2125

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, HUMAN RESOURCES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A9BBB9C4DB31D4879953**

Amount of Each Receipt this Period 96.00

Payroll Deduction: \$96.00/Bi-Weekly

**B. MANUEL LINARES**  
Full Name (Last, First, Middle Initial)

Mailing Address 7935 East Dr Apt 901

City North Bay Village State FL Zip Code 33141-3693

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AC7D1DB0BF9154159B14**

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 15126 Ferdinand Dr

City Dallas State TX Zip Code 75248-6437

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, INVESTOR RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A6BD555F892B9451A910**

Amount of Each Receipt this Period 39.00

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 173.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 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. DAVID L ARCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2594 Hocksett Cv

City Germantown State TN Zip Code 38139-6655

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

Name of Employer SAINT FRANCIS HOSPITAL Occupation MARKET CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A4C1600D4199A4ED6B31**

Amount of Each Receipt this Period 96.00

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 1221 Wentwood Dr

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 COUNSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AFAE4544551BE45939D6**

Amount of Each Receipt this Period 75.00

Payroll Deduction: \$75.00/Bi-Weekly

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

Mailing Address 3 Turtle Bay Dr

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 ▼ 760.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A19BE424837E948E7851**

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$38.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 209.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 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. JOSEPH J. MULLANY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2169 Tottenham Road  
 City Bloomfield Hills State MI Zip Code 48301-2332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Detroit Medical Center Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A2F0FA1AF38EE4DB6B6A**  
 Amount of Each Receipt this Period 96.00  
 Payroll Deduction: \$96.00/Bi-Weekly

**B. RONALD GALONSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Alato Drive  
 City Mission Viejo State CA Zip Code 92692-5104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lakewood Medical Center Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : ACFE8EA78FBEB4771A07**  
 Amount of Each Receipt this Period 39.00  
 Payroll Deduction: \$39.00/Bi-Weekly

**C. JOHN W. TURNER Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1445 Ross Ave, Suite 1400  
 City Dallas State TX Zip Code 75202-2703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tenet Healthcare Corp Occupation Senior Director, Practice Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : ADDDC22985A8D4EB0998**  
 Amount of Each Receipt this Period 39.00  
 Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 174.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 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. JOE D THOMASON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6304 Carmel Falls Ct

City McKinney State TX Zip Code 75070-8768

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

Name of Employer CENTENNIAL MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : AEAC56DA6246D479BA3E**

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$38.00/Bi-Weekly

**B. RICHARD E GLANCEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6516 Vasco Way

City El Paso State TX Zip Code 79912-1709

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

Name of Employer SIERRA MEDICAL CENTER Occupation DIR, EXTERNAL AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 702.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A22618AAD131A470D877**

Amount of Each Receipt this Period 39.00

Payroll Deduction: \$39.00/Bi-Weekly

**C. KEITH PITTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4441 South Versailles Ave

City Dallas State TX Zip Code 75205-3012

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

Name of Employer Tenet Healthcare Corporation Occupation Vice Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2304.00

Date of Receipt 10 / 04 / 2014  
**Transaction ID : A7DCB01137CDD489FB3C**

Amount of Each Receipt this Period 192.00

Payroll Deduction: \$192.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 269.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 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**

Full Name (Last, First, Middle Initial) <b>A. SHEENA D. JOHNSON</b>		Date of Receipt 10 / 11 / 2014 <b>Transaction ID : A34ED536BFEDF49A8ABF</b>
Mailing Address 4573 Pennhurst St		Amount of Each Receipt this Period 10.00 Payroll Deduction: \$10.00/Bi-Weekly
City Philadelphia	State PA	Zip Code 19124-3825
FEC ID number of contributing federal political committee. C		
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL	Occupation Radiology Diagnostic Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. CELESTE H CHAMBERLAIN</b>		Date of Receipt 10 / 11 / 2014 <b>Transaction ID : A18A142D0FFCB4A7AAA1</b>
Mailing Address 8446 Pembroke Rd		Amount of Each Receipt this Period 19.00 Payroll Deduction: \$19.00/Bi-Weekly
City Philadelphia	State PA	Zip Code 19128-1907
FEC ID number of contributing federal political committee. C		
Name of Employer ST. CHRISTOPHER'S HOSPITAL FOR CHILDRE	Occupation DCQI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) <b>C. JORGE DIAZ</b>		Date of Receipt 10 / 11 / 2014 <b>Transaction ID : AFF17D8A46089453B96E</b>
Mailing Address 1350 SW 122nd Ave Apt 221		Amount of Each Receipt this Period 10.00 Payroll Deduction: \$10.00/Bi-Weekly
City Miami	State FL	Zip Code 33184-2864
FEC ID number of contributing federal political committee. C		
Name of Employer CORAL GABLES HOSPITAL	Occupation DIR, CARDIOPULMONARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.00
<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 39 OF 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**

Full Name (Last, First, Middle Initial)  
**A. TERESA O'NEILL**

Mailing Address 12066 Marsh Hen Ln

City Tega Cay State SC Zip Code 29708-7224

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

Name of Employer Occupation  
PIEDMONT MEDICAL CENTER DIR, NURSING -EMERGENCY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 11 / 2014  
**Transaction ID : A222C4830380C46BF954**

Amount of Each Receipt this Period  
10.00

Payroll Deduction: \$10.00/Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. ALFRED SCHULS**

Mailing Address 5017 Prosperity Ridge Rd

City Charlotte State NC Zip Code 28269-1538

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

Name of Employer Occupation  
PIEDMONT MEDICAL CENTER DIR, CARDIOVASCULAR SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 11 / 2014  
**Transaction ID : A5C336375ACDA4FDD897**

Amount of Each Receipt this Period  
10.00

Payroll Deduction: \$10.00/Bi-Weekly

Full Name (Last, First, Middle Initial)  
**C. JANE E HAMILTON**

Mailing Address 8050 Royal Saint Georges Ln

City Duluth State GA Zip Code 30097-1647

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

Name of Employer Occupation  
ATLANTA MEDICAL CENTER DIR, SURGICAL SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 11 / 2014  
**Transaction ID : A1FC4E2C8368B4735A15**

Amount of Each Receipt this Period  
10.00

Payroll Deduction: \$10.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 40 OF 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**

Full Name (Last, First, Middle Initial) <b>A. RYAN D. LEE</b>		Date of Receipt
Mailing Address 24 Bridle Path Ln		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bluffton	SC	29910-7600
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A614A38E5F48F48D89B5</b>
COASTAL CAROLINA MEDICAL CENTER	Director, Physicians Services	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	<input type="text" value="10.00"/>
		Payroll Deduction: \$10.00/Bi-Weekly

Full Name (Last, First, Middle Initial) <b>B. STEPHEN D PRESTON</b>		Date of Receipt
Mailing Address 3680 Village Center Ln		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hoover	AL	35226-6343
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A385E1EB7E5754C27B07</b>
BROOKWOOD MEDICAL CENTER	VP, EXTERNAL AFFAIRS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="399.00"/>	<input type="text" value="19.00"/>
		Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial) <b>C. THOMAS I RUNKLE</b>		Date of Receipt
Mailing Address 868B N Pennock St		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Philadelphia	PA	19130-1234
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A5EDF7A9BC7444E31B7C</b>
HAHNEMANN UNIVERSITY HOSPITAL	DIRECTOR OF OPERATIONS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="399.00"/>	<input type="text" value="19.00"/>
		Payroll Deduction: \$19.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="48.00"/>
<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 41 OF 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. RAYMOND J FOSTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 68220 Concepcion Rd

City	State	Zip Code
Cathedral City	CA	92234-3657

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

Name of Employer	Occupation
DESERT REGIONAL MEDICAL CENTER	DIR-IMAGING SERVICES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2014

**Transaction ID : A9D7992720FAF4136AA0**

Amount of Each Receipt this Period  

10.00
-------

Payroll Deduction: \$10.00/Bi-Weekly

**B. JOSEFA M KOLODZIECZYK**  
Full Name (Last, First, Middle Initial)

Mailing Address 424 Westwood Rd

City	State	Zip Code
West Palm Beach	FL	33401-7934

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

Name of Employer	Occupation
PALM BEACH GARDENS MEDICAL CENTER	CONTROLLER 2

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2014

**Transaction ID : A9F7FEB5719C34392A46**

Amount of Each Receipt this Period  

10.00
-------

Payroll Deduction: \$10.00/Bi-Weekly

**C. CHRISTINA KOUSSIH**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Hospital Center Blvd.

City	State	Zip Code
Hilton Head Island	SC	29926-2738

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

Name of Employer	Occupation
HILTON HEAD HOSPITAL	Director, Case Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2014

**Transaction ID : AA4FE1DEC0A4F4B1D955**

Amount of Each Receipt this Period  

19.00
-------

Payroll Deduction: \$19.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>39.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>6118.15</b>

**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**

Full Name (Last, First, Middle Initial)

**A. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
General 2014

Candidate Name

**Timothy E Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

**Transaction ID : B1A8E61473D384585B79**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Re-Elect McGovern Committee**

Mailing Address PO BOX 60405

City Worcester State MA Zip Code 01606-0405

Purpose of Disbursement  
General 2014

Candidate Name

**Rep. James P. McGovern**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

**Transaction ID : B47CA824B92074095881**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Larson For Congress**

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033-1437

Purpose of Disbursement  
General 2014

Candidate Name

**Rep. John B. Larson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

**Transaction ID : BDB789A3E76FB43A382B**

Amount of Each Disbursement this Period

1000.00

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

8000.00

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

8000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Kate Brophy McGee 2014**

Mailing Address 42 E Butler Dr.

City Phoenix State AZ Zip Code 85020-3522

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

**Transaction ID : B40CCDCE29AC94756800**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Felecia for Arizona 2014**

Mailing Address PO Box 80025

City Phoenix State AZ Zip Code 85060-0025

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

**Transaction ID : B8BC3FA494308454498D**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Elect Eric Meyer**

Mailing Address 8316 E. Cypress St.

City Scottsdale State AZ Zip Code 85257-2855

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

**Transaction ID : B8980A0F8F5E044F9A22**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

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

3000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Ethan for House**

Mailing Address 6336 N. Oracle Road  
Suite 326 101

City Tucson State AZ Zip Code 85704-5457

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : B4CD962DDA179473695D

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Fred for Arizona**

Mailing Address PO Box 13353

City Phoenix State AZ Zip Code 85002-3353

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : B39C9598AE71C42589BD

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ducey 2014**

Mailing Address 6740 W. Deer Valley Road  
Ste. D107, PMB 205

City Glendale State AZ Zip Code 85310-5952

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : B3D8C196AAFC1461FBE1

Amount of Each Disbursement this Period

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

**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 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**

Full Name (Last, First, Middle Initial)

**A. Tom O'Halleran for Senate**

Mailing Address PO Box 20375

City Sedona State AZ Zip Code 86341-0375

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

**Transaction ID : BB349351BE45849B4BF8**

Amount of Each Disbursement this Period

500.00
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

500.00
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7500.00
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