



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2011"/>	<input type="text" value="78498.04"/>	<input type="text" value="78498.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="109321.69"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10358.70"/>	<input type="text" value="146064.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="119680.39"/>	<input type="text" value="224562.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20690.00"/>	<input type="text" value="125572.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="98990.39"/>	<input type="text" value="98990.39"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 12 / 01 / 2011 To: 12 / 31 / 2011

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).....	9752.00	109836.00
(ii) Unitemized .....	606.70	36228.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	10358.70	146064.75
(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) .....	10358.70	146064.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10358.70	146064.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10358.70	146064.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	77700.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	16690.00	47872.40
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)) ..	20690.00	125572.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20690.00	125572.40

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	10358.70	146064.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10358.70	146064.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 494.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1025621127170**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. KEVIN MCCASLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1415 MAIN STREET #1403  
 City DALLAS State TX Zip Code 75202-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1026156827170**  
 Amount of Each Receipt this Period 192.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**C. ROBERT RUSSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 SARANAC PARK  
 City PEACHTREE CITY State GA Zip Code 30269-1274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATLANTA MEDICAL CENTER Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1159116227170**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ALEXANDER M FERNANDEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5843 NW 126TH TERRACE  
 City State Zip Code  
 CORAL SPRINGS FL 33076-1934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NORTH SHORE MEDICAL CENTER CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1159201027170**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. FELITA A CARTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 290 EAST PLANTATION DR  
 City State Zip Code  
 SHARPSBURG GA 30277-1958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION DIR, MGD CARE ECONOMICS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1159258027170**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. DENNIS GRADY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3940 NW 54TH CT  
 City State Zip Code  
 COCONUT CREEK FL 33073-4123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PALMETTO GENERAL HOSPITAL DIR, CANCER CENTER 2  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1159306627170**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 8 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARY ANN T RAILEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20230 PINGREE WAY  
 City State Zip Code  
 YORBA LINDA CA 92887-3257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PLACENTIA LINDA HOSPITAL DBD-ASSOC ADMINISTRATOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1461493127170**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. SHELLEY GILES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3803 STOCKTON LN  
 City State Zip Code  
 DALLAS TX 75287-4919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION DIR, RELOCATION  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1479664427170**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. NANCY FOSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9603 FOREST RIDGE CR  
 City State Zip Code  
 DAVIE FL 33328-6791  
 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 ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1481202727170**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 62
	<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. 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 ▼ 988.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1481203527170**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. JANIS THAYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1735 CRIMSON TERRACE  
 City BRENTWOOD State CA Zip Code 94513-2618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, LABOR RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1481210627170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. PAUL SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 WILLOW OAK LN  
 City SAINT LOUIS State MO Zip Code 63122-4714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, OUTPT STRATG DEV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1481221127170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.00
<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 10 OF 62
	<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. MICHAEL K BURTNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1131 N EDGEFIELD AVE

City DALLAS State TX Zip Code 75208-3624

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, OUTPATIENT SERVICES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 988.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1568624527170**

Amount of Each Receipt this Period  
 76.00

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

**B. CARLOS A DUBE**  
Full Name (Last, First, Middle Initial)

Mailing Address 10172 SAIGON DR

City EL PASO State TX Zip Code 79925-5428

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

Name of Employer SIERRA PROVIDENCE EASTSIDE OCCUPATIONAL HOSPITAL Occupation DIR, IMAGING SVCS

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  
 12 / 31 / 2011  
**Transaction ID : PR1568782027170**

Amount of Each Receipt this Period  
 38.00

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

**C. AMY L SUTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6237 WESTCHESTER LN

City PLANO State TX Zip Code 75093-6174

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, NATL MANAGED CARE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1592704027170**

Amount of Each Receipt this Period  
 20.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.00
<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 11 OF 62
	<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. THOMAS RICE**

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 ▼ 1006.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1592856027170**

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 5325 TATE AVE

City PLANO State TX Zip Code 75093-3433

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1592857727170**

Amount of Each Receipt this Period 80.00

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

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

Mailing Address 401 N.CHURCH ST

City MCKINNEY State TX Zip Code 75069

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 ▼ 1170.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1592858227170**

Amount of Each Receipt this Period 90.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	248.00
<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 12 OF 62
	<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. CORDELIA BARBERA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 CHEYENNE DR  
 City DESOTO State TX Zip Code 75115-7778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, APPLIED CLIN INFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1592858327170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. WEBB COCHRAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3961 ST. CLAIRE CT  
 City ATLANTA State GA Zip Code 30319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, GOVT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1594942627170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. JAY MIRANDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15871 SW 148 TERRACE  
 City MIAMI State FL Zip Code 33196-5701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORAL GABLES HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1734839227170**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 13 OF 62
	<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. LEA D FOURKILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13219 GEORGE STREET  
 City FARMERS BRANCH State TX Zip Code 75234-5206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET PATIENT FINCL SVCS Occupation VP & CHIEF COMP OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1099.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1735529127170**  
 Amount of Each Receipt this Period 88.00  
 P/R Deduction (\$44.00 Bi-Weekly)

**B. JASON E EVANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 676 BRYN MAHR LANE  
 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 ▼ 494.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1735905227170**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. DINA L DUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3717 CHERRY RIDGE DR  
 City FRISCO State TX Zip Code 75034-1328  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1735906027170**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.00
<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 14 OF 62
<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**

Full Name (Last, First, Middle Initial) <b>A. JEREMY CLARK</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR1735911027170</b>
Mailing Address 2411 N HALL ST#19		Amount of Each Receipt this Period 60.00
City DALLAS	State TX	Zip Code 75204-2839
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>B. CHAD W LAND</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR1752747827170</b>
Mailing Address 215 DURANGO DRIVE		Amount of Each Receipt this Period 20.00
City TROPHY CLUB	State TX	Zip Code 76262-5294
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation MGR, AUDIT SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. DANIEL WALDMANN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR1814798527170</b>
Mailing Address 1111 N. MONTCLAIR AVE		Amount of Each Receipt this Period 192.00
City DALLAS	State TX	Zip Code 75208-3520
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, GOVERNMENT RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	272.00
<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 15 OF 62
	<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**

Full Name (Last, First, Middle Initial) <b>A. ALBERT BARROCAS</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2069711427170</b>
Mailing Address 4050 SPALDING DR		Amount of Each Receipt this Period 38.00
City ATLANTA	State GA	Zip Code 30350-1100
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer SOUTH FULTON MEDICAL CENTER	Occupation CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

Full Name (Last, First, Middle Initial) <b>B. GREGORY S MANIS</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2070027427170</b>
Mailing Address 3305 STONEBROOK DR		Amount of Each Receipt this Period 20.00
City RICHARDSON	State TX	Zip Code 75082-3667
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer DOCTORS HOSPITAL AT WHITE ROCK LAKE	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. MARK P LISA</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2174141227170</b>
Mailing Address 391 E MILGEO AVE		Amount of Each Receipt this Period 38.00
City RIPON	State CA	Zip Code 95366-2120
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer DOCTORS HOSPITAL OF MANTECA	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.00
<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 16 OF 62
	<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. ROBERT J CUNNAH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 VILLAGIO WEST  
 City PALM SPRINGS State CA Zip Code 92262-6395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2174361627170**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. HENRY T HUDSON III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 79885 CIEGO DRIVE  
 City BERMUDA DUNES State CA Zip Code 92203-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CHIEF HR OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2174385927170**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. CATHRYN H FRASER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 272 ENCLAVES COURT  
 City COPPELL 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 ▼ 2496.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2174559927170**  
 Amount of Each Receipt this Period  
 192.00  
 P/R Deduction (\$96.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	312.00
<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 17 OF 62
	<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. 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 ▼ 1014.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2174561227170**  
Amount of Each Receipt this Period 78.00  
P/R Deduction (\$39.00 Bi-Weekly)

**B. JOHN P LANDINO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 911 LAKE BREEZE  
City HIGHLAND VILLAGE State TX Zip Code 75077-6491  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP PHY RELT PROG,BUS DEV  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 507.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2174561727170**  
Amount of Each Receipt this Period 78.00  
P/R Deduction (\$39.00 Bi-Weekly)

**C. BRUCE MEARS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10312 ARVIN HILL RD  
City AUBREY State TX Zip Code 76227-6847  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, IS OPERATIONS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2174562627170**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 62
<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**

Full Name (Last, First, Middle Initial) <b>A. GEORGE PIETRI</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2174563427170</b>
Mailing Address 2908 LIGHTHOUSE DR		Amount of Each Receipt this Period 20.00
City DENTON	State TX	Zip Code 76210-0094
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation MGR, REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. BIGGS C PORTER</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2174563627170</b>
Mailing Address 4535 MANNING LANE		Amount of Each Receipt this Period 200.00
City DALLAS	State TX	Zip Code 75220-6434
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation CHIEF FINANCIAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>C. WENDY TISCHLER</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2174565827170</b>
Mailing Address 5921 MALMESBURY RD		Amount of Each Receipt this Period 20.00
City DALLAS	State TX	Zip Code 75252-4206
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR, CEO COMMUN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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 19 OF 62
	<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. RICHARD BECK</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 107 WATERMAN			<b>Transaction ID : PR2174566427170</b>
City IRVINE	State CA	Zip Code 92602-1654	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR, C&D - WESTERN DIV	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JEFFERY FLOCKEN</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 27 NEW DAWN			<b>Transaction ID : PR2174567327170</b>
City IRVINE	State CA	Zip Code 92620-1976	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, REGIONAL OPERATIONS	Aggregate Year-to-Date ▼ 2600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KIMBERLY P BROWN</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 2634 FOREST PEBBLE			<b>Transaction ID : PR2188376427170</b>
City SAN ANTONIO	State TX	Zip Code 78232-4141	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR, COMPLIANCE	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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 20 OF 62
	<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. PATRICIA SECHI</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2216476827170</b>
Mailing Address 1231 FERDINAND ST #1802		Amount of Each Receipt this Period 38.00
City CORAL GABLES	State FL	Zip Code 33134-2167
FEC ID number of contributing federal political committee. C	Name of Employer NORTH SHORE MEDICAL CENTER	Occupation COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. SALLY A HURT-STEFFEN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2248480227170</b>
Mailing Address 712 WALTHAM CT		Amount of Each Receipt this Period 100.00
City EL PASO	State TX	Zip Code 79922-2128
FEC ID number of contributing federal political committee. C	Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. RUBEN O RODRIGUEZ</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2248482527170</b>
Mailing Address 6905 VILLA HERMOSA		Amount of Each Receipt this Period 20.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 476.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	158.00
<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 21 OF 62
	<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. AMANDA EDMONDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4407 MILL CREEK RD

City DALLAS State TX Zip Code 75244-6718

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, MGD CARE PAY STRAT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2248651627170**

Amount of Each Receipt this Period  
 20.00

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

**B. DIANA ZAMORA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3007 PATIO CR

City AUSTIN State TX Zip Code 78730

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, AMBULT SRGY GRP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2248652527170**

Amount of Each Receipt this Period  
 20.00

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

**C. 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 ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2284144027170**

Amount of Each Receipt this Period  
 78.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 118.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 62
	<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. GLORIA M LOERA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3061 SNOWY POINT DR.  
City EL PASO State TX Zip Code 79938-5401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, NURSING  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 12 / 31 / 2011  
Transaction ID : PR2284265027170  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B. RICHARD A CHAPMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2990 TRAWOOD DR APT 9C  
City EL PASO State TX Zip Code 79936-4233  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, PHARMACY SVCS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 12 / 31 / 2011  
Transaction ID : PR2284266527170  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C. BRADLEY C TAYLOR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9438 THORNBERRY LANE  
City DALLAS State TX Zip Code 75220-5145  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, BUSINESS DEV  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 494.00

Date of Receipt 12 / 31 / 2011  
Transaction ID : PR2284285127170  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 62
	<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. DAVID W BLACK</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 5965 CAMPUS CT			<b>Transaction ID : PR2284285227170</b>
City PLANO	State TX	Zip Code 75093-8714	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR, REGIONAL HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. BRADLEY S TALBERT</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 16 PADDOCKS BLVD			<b>Transaction ID : PR2284452627170</b>
City HILTON HEAD	State SC	Zip Code 29926-3507	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer HILTON HEAD HOSPITAL	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. DIANE KEENER</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 8140 SANTA ROSA ROAD			<b>Transaction ID : PR2284585527170</b>
City ATASCADERO	State CA	Zip Code 93422-4942	Amount of Each Receipt this Period 78.00
FEC ID number of contributing federal political committee. C			
Name of Employer TWIN CITIES COMMUNITY HOSPITAL	Occupation DIR, M.STAFF OPER & DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00		P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	118.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 62
	<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. LEONARD DEONARINE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1129 WISHING WELL CT  
City CEDAR HILL State TX Zip Code 75104-8255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, BUSINESS CONTINUITY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 12 / 31 / 2011  
Transaction ID : PR2369247927170  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B. MICHAEL BLACKBURN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4141 16TH STREET NE  
City HICKORY State NC Zip Code 28601-8408  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 988.00

Date of Receipt 12 / 31 / 2011  
Transaction ID : PR2369304327170  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C. JOSEPH A DESANTIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 W LANCASTER AVE#413  
City FT WORTH State TX Zip Code 76102-6669  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, EXECUTIVE OFFICE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 12 / 31 / 2011  
Transaction ID : PR2369313427170  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 116.00  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 25 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DANNY WESTPHAL**

Mailing Address 1836 SABAL PALM DRIVE

City BOCA RATON State FL Zip Code 33432-7427

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

Name of Employer FLORIDA MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2369343327170**

Amount of Each Receipt this Period  
**38.00**

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

Full Name (Last, First, Middle Initial)  
**B. MARY E MOORE**

Mailing Address 553 RENEE LANE

City DESOTO State TX Zip Code 75115-5161

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, ORG LEARNING & DEV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2369373927170**

Amount of Each Receipt this Period  
**20.00**

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

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

Mailing Address 3108 CLYMER DR

City PLANO State TX Zip Code 75025-5325

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, PERF MGMT & INNOVAT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2387796627170**

Amount of Each Receipt this Period  
**78.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **136.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 62
	<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. PAUL A CASTANON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6307 PRESTON PKWY  
 City DALLAS State TX Zip Code 75205-1650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & DEPUTY GNRL COUNSEL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **494.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR2398953027170**  
 Amount of Each Receipt this Period **38.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. STEPHEN D PRESTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3680 VILLAGE CENTER LANE  
 City BIRMINGHAM State AL Zip Code 35226-6343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BROOKWOOD MEDICAL CENTER Occupation VP, EXTERNAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **494.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR2428718427170**  
 Amount of Each Receipt this Period **38.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. MR MICHAEL R HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4241 VETERANS BLVD #200 #200  
 City METAIRIE State LA Zip Code 70006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TPS LOUISIANA DIS Occupation CEO - DIS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **988.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR2440288727170**  
 Amount of Each Receipt this Period **76.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>152.00</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 27 OF 62
	<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. JACQUELINE HERD</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2441476027170</b>
Mailing Address 3571 CARRIAGE GLEN WAY			Amount of Each Receipt this Period 20.00
City DACULA	State GA	Zip Code 30019-4575	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 260.00	
Name of Employer ATLANTA MEDICAL CENTER	Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KELVIN A BAGGETT</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2444580827170</b>
Mailing Address 6453 TULIP LANE			Amount of Each Receipt this Period 78.00
City DALLAS	State TX	Zip Code 75230-4148	P/R Deduction (\$39.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1014.00	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, CHIEF MEDICAL OFCR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. TYLER MURPHY</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2444580927170</b>
Mailing Address 108 LONDONBERRY TERR.			Amount of Each Receipt this Period 38.00
City SOUTHLAKE	State TX	Zip Code 76092-7321	P/R Deduction (\$19.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 494.00	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP AND TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.00
<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 62
	<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. MR. JAMES M THATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6608 CASTLE PINES DRIVE  
 City PLANO State TX Zip Code 75093-6378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET PATIENT FINCL SVCS Occupation SVP, BUS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2460337927170**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MR COLLIN O LEMAISTRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 288 BOULDER LANE  
 City NACOGDOCHES State TX Zip Code 75965-7006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NACOGDOCHES MEDICAL CENTER Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2460338027170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. MS. ADELE PAULETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2843 THOMAS AVE  
 City DALLAS State TX Zip Code 75204-2651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, MANAGED CARE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2460338127170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.00
<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 29 OF 62
	<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. MR. JAMES M COWLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 SUNSET COVE  
 City PALM BEACH GARDENS State FL Zip Code 33418-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2460338227170**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. ALFRED SCHULS**  
 Full Name (Last, First, Middle Initial)  
 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 PIEDMONT MEDICAL CENTER Occupation DIR, CARDIOVASCULAR SVCS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2484168127170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. ROBIN MONTOYA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6504 WIND RIDGE  
 City EL PASO State TX Zip Code 79912-3211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2491650527170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 62
	<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. BENSON P CHACKO**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 963040

City EL PASO State TX Zip Code 79996-3040

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DBD-ASSOC ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2491650627170**

Amount of Each Receipt this Period  
 20.00

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

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

Mailing Address 1504 COUNTRY BEND

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 ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2492160327170**

Amount of Each Receipt this Period  
 50.00

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

**C. RAYMOND J FOSTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 68220 CONCEPCION RD

City CATHEDRAL CITY State CA Zip Code 92234-3657

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR405218727170**

Amount of Each Receipt this Period  
 20.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<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 31 OF 62
	<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. CYNTHIA Z BECKMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1811 N PARK TOWNE PL

City PHILADELPHIA State PA Zip Code 19130-3601

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, LITIGATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR406762027170**

Amount of Each Receipt this Period  
 20.00

P/R Deduction (\$10.00 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 ▼ 494.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR406763227170**

Amount of Each Receipt this Period  
 38.00

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

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

Mailing Address 7243 BAXTERSHIRE DRIVE

City DALLAS State TX Zip Code 75230-3170

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, QUALITY MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR407201327170**

Amount of Each Receipt this Period  
 38.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.00
<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 32 OF 62
	<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. CINDY L JAMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3608 CASCADES DR

City MCKINNEY State TX Zip Code 75070-4805

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, MEASUREMENT SYS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR407203827170**

Amount of Each Receipt this Period 16.00

P/R Deduction (\$8.00 Bi-Weekly)

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

Mailing Address 2613 MILLINGTON DRIVE

City PLANO State TX Zip Code 75093-3560

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, REIMBURSEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR407205127170**

Amount of Each Receipt this Period 32.00

P/R Deduction (\$16.00 Bi-Weekly)

**C. HANK D IRICK JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3305 ELAM CT

City PLANO State TX Zip Code 75093-8087

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, COST REPORTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR407205827170**

Amount of Each Receipt this Period 20.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.00

**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 62
	<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. WILLIAM R WATTS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7504 DANFIELD CT  
City DALLAS State TX Zip Code 75252-6823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, INFO SYSTEMS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
Transaction ID : PR407209427170  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B. STEVE BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 SARAH NASH CT  
City DALLAS State TX Zip Code 75225-2072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation EVP, CHIEF INFO OFFICER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4940.00

Date of Receipt 12 / 31 / 2011  
Transaction ID : PR407210627170  
Amount of Each Receipt this Period 380.00  
P/R Deduction (\$190.00 Bi-Weekly)

**C. JOHN B MCDONALD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2230 WARNER ROAD  
City FORT WORTH State TX Zip Code 76110-1752  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, A&D  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 988.00

Date of Receipt 12 / 31 / 2011  
Transaction ID : PR407215827170  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	476.00
<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 34 OF 62
	<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. WAYNE E COBB</b>		Date of Receipt
Mailing Address 4001 ORCHID LANE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
MANSFIELD	TX	76063-5577
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR407216427170</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	MGR, TAX	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>B. SHERRY J HENDERSON</b>		Date of Receipt
Mailing Address 25 NIGHT HERON PL		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
HICKORY	NC	28601-8806
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR407219727170</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	P/R Deduction (\$20.00 Bi-Weekly)
FRYE REGIONAL MEDICAL CENTER	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JAMES E MCPARTLAND</b>		Date of Receipt
Mailing Address 2345 TIMBERLAKE CIR		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
ALLEN	TX	75013-5835
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR407221527170</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	P/R Deduction (\$19.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	VP, PATIENT MGMT SYSTEMS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="494.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="98.00"/>
<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 35 OF 62
<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**

Full Name (Last, First, Middle Initial) <b>A. JOE D THOMASON</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR407222127170</b>
Mailing Address 6304 CARMEL FALLS CT		Amount of Each Receipt this Period 76.00
City MCKINNEY State TX Zip Code 75070-8768	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CENTENNIAL MEDICAL CENTER Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 988.00

Full Name (Last, First, Middle Initial) <b>B. ROBERT S HENDLER</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR407222827170</b>
Mailing Address 11122 W RICKS CIRCLE		Amount of Each Receipt this Period 100.00
City DALLAS State TX Zip Code 75230-3032	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION Occupation REGIONAL CMO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00

Full Name (Last, First, Middle Initial) <b>C. CONLEY S CERVANTES</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR407224727170</b>
Mailing Address 819 CAMBRIDGE MANOR LANE		Amount of Each Receipt this Period 24.00
City COPPELL State TX Zip Code 75019-6105	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, MANAGED CARE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 62
	(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"/> 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. DOUGLAS E RABE</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 7746 EAGLE TRAIL			<b>Transaction ID : PR407227327170</b>
City DALLAS	State TX	Zip Code 75238-4115	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP, TAXATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MICHAEL S HONGOLA</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 6704 WESTMONT DRIVE			<b>Transaction ID : PR407227627170</b>
City COLLEYVILLE	State TX	Zip Code 76034-7263	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP, INFO SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. SANDRA HILL</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 2008 HAVERSHAM DRIVE			<b>Transaction ID : PR407228927170</b>
City FLOWER MOUND	State TX	Zip Code 75022-8440	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHCARE CORPORATION		Occupation DIR, DOC & TRAINING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<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 37 OF 62
	<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. 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 & GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR40722927170**  
 Amount of Each Receipt this Period 384.00  
 P/R Deduction (\$192.00 Bi-Weekly)

**B. WILLIAM T MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3014 CASTLE PINES DRIVE  
 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 ▼ 520.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR407231827170**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. JOHN QUINN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1138 PINE VALLEY ROAD  
 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 ▼ 1988.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR407236027170**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 62
	<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. CHARLES MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 747 MENDENHALL CT

City FORT MILL State SC Zip Code 29715-7852

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

Name of Employer: **PIEDMONT MEDICAL CENTER** Occupation: **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt: **12 / 31 / 2011**

**Transaction ID : PR407241427170**

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

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

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

Mailing Address 3610 EDGEWATER STREET

City DALLAS State TX Zip Code 75205-4317

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 ▼ **2496.00**

Date of Receipt: **12 / 31 / 2011**

**Transaction ID : PR407242927170**

Amount of Each Receipt this Period: **192.00**

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

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

Mailing Address 264 IDLEWILDE LANE

City SANFORD State NC Zip Code 27332-9304

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

Name of Employer: **CENTRAL CAROLINA HOSPITAL** Occupation: **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt: **12 / 31 / 2011**

**Transaction ID : PR407244827170**

Amount of Each Receipt this Period: **70.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</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 39 OF 62
	<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. RALPH ALEMAN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 528 W 51ST ST		<b>Transaction ID : PR407245327170</b>
City MIAMI BEACH	State FL	Zip Code 33140-2611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer HIALEAH HOSPITAL	Occupation CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. GARRY L GAUSE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 1150 LAKE COLANY LANE		<b>Transaction ID : PR407248727170</b>
City VESTAVIA HILLS	State AL	Zip Code 35242-7423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BROOKWOOD MEDICAL CENTER	Occupation CEO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. DAVID L ARCHER</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 2594 HOCKSETT COVE		<b>Transaction ID : PR407250427170</b>
City GERMANTOWN	State TN	Zip Code 38139-6655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer SAINT FRANCIS HOSPITAL	Occupation MARKET CEO	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 62
	<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. SUELLEN SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011
Mailing Address 84 TIERRA VISTA LANE		<b>Transaction ID : PR407254527170</b>
City PASO ROBLES	State CA	Zip Code 93446-9702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR, PMI TEAM LEADER	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN L NEWMAN MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011
Mailing Address 11034 TIBBS STREET		<b>Transaction ID : PR407257727170</b>
City DALLAS	State TX	Zip Code 75230-3450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 384.00
Name of Employer TENET HEALTHCARE CORPORATION	Occupation CHIEF OPERATING OFFICER	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	

Full Name (Last, First, Middle Initial) <b>C. ALAN R CASON</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011
Mailing Address 255 EVERNIA ST#1503		<b>Transaction ID : PR407263527170</b>
City WEST PALM BCH	State FL	Zip Code 33401-5691
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.00
Name of Employer Pinnacle M.S.O	Occupation VP & CEO MIDTOWN IMAGING	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 503.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	442.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 41 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 13802 MAGNOLIA MANOR

City State Zip Code  
 CYPRESS TX 77429-8162

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

Name of Employer Occupation  
 CYPRESS FAIRBANKS MEDICAL CENTER CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR407265627170**

Amount of Each Receipt this Period  
 70.00

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

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

Mailing Address 7707 N 127TH AVE

City State Zip Code  
 OMAHA NE 68142-1723

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

Name of Employer Occupation  
 CREIGHTON UNIVERSITY MEDICAL CENTER 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  
 12 / 31 / 2011

**Transaction ID : PR407266427170**

Amount of Each Receipt this Period  
 60.00

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

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

Mailing Address 230 GRIMSLEY STAT BLUFF

City State Zip Code  
 SAINT LOUIS MO 63129-5030

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

Name of Employer Occupation  
 DES PERES HOSPITAL CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 988.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR407268527170**

Amount of Each Receipt this Period  
 76.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 206.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. RICHARD D CARTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5166 LAKE CREST CR  
 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 ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR407269127170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. SAMUEL G HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 933 HAVENHURST  
 City WEST HOLLYWOOD State CA Zip Code 90046-6919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REG REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR407271127170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. CRAIG C ARMIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23510 BERDON STREET  
 City WOODLAND HILLS State CA Zip Code 91367-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOV'T PROGRAMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR407274127170**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 43 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 3 TURTLE BAY DRIVE

City State Zip Code  
NEWPORT BEACH CA 92660-4266

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

Name of Employer Occupation  
PLACENTIA LINDA HOSPITAL CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
988.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 31 / 2011  
**Transaction ID : PR407278127170**

Amount of Each Receipt this Period  
76.00

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

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

Mailing Address 615 STEVENS CT

City State Zip Code  
DANVILLE CA 94506-4805

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

Name of Employer Occupation  
SAN RAMON REGION MEDICAL CENTER CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
494.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 31 / 2011  
**Transaction ID : PR407278827170**

Amount of Each Receipt this Period  
38.00

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

Full Name (Last, First, Middle Initial)  
**C. CANDACE MARKWITH**

Mailing Address 980 ISABELLA WAY

City State Zip Code  
SAN LUIS OBISPO CA 93405-6186

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

Name of Employer Occupation  
SIERRA VISTA REGIONAL MEDICAL CENTER CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1008.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 31 / 2011  
**Transaction ID : PR407280327170**

Amount of Each Receipt this Period  
78.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **192.00**

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

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

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

FOR LINE NUMBER: PAGE 44 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. RODNEY A REASONER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1960 MARY LEE LN  
 City ALLEN State TX Zip Code 75002-8528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR407280927170**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. MICHELE M FINNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21521 TURTLEDOVE STREET  
 City TRABUCO CANYON State CA Zip Code 92679-3486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR407283927170**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. KEN WHEAT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38041 E.BOGERT TRAIL  
 City PALM SPRINGS State CA Zip Code 92264-9638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR407288727170**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 62
	<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. RICK LYONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2425 BATTERING ROCK RD

City State Zip Code  
TEMPLETON CA 93465-8371

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

Name of Employer Occupation  
TWIN CITIES COMMUNITY HOSPITAL CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : PR413941927170

Amount of Each Receipt this Period  
38.00

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

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

Mailing Address 102 WILMINGTON CT

City State Zip Code  
SOUTHLAKE TX 76092-8492

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP, CONSTRUCTION & DESIG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
988.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : PR839152227170

Amount of Each Receipt this Period  
76.00

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

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

Mailing Address 14 COLUMBIA CREST PLACE

City State Zip Code  
WOODLANDS TX 77382-1334

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

Name of Employer Occupation  
HOUSTON NW MEDICAL CENTER CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
494.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : PR839173327170

Amount of Each Receipt this Period  
38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 152.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 62  
(check only one)

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

**A. PATRICIA C JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4616 LARGO DR.  
City FLOWER MOUND State TX Zip Code 75028-3936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CORPORATE HR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR839196427170**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. JEFFREY S DOSSETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 557 LACROIX WAY  
City COLUMBIA State IL Zip Code 62236-2853  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SAINT LOUIS UNIVERSITY HOSPITAL Occupation DIR, IMAGING SVCS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR839426527170**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**C. EDWARD MESCO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7365 NW 54TH STREET  
City LAUDERHILL State FL Zip Code 33319-6346  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REG REIMBURSEMENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **650.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR839477827170**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **110.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 47 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MATTHEW C MICHAELS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3507 MUNSTEAD TRAIL  
 City FRISCO State TX Zip Code 75033-1166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET PATIENT FINCL SVCS Occupation SVP, HOSPITAL OPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR839525727170**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. KEM M MULLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10101 FRENCH SPRINGS RD  
 City LAKELAND State TN Zip Code 38002-8425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR839557427170**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. AUDREY T ANDREWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 PENFOLDS  
 City COPPELL State TX Zip Code 75019-4544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF COMPL OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR840566927170**  
 Amount of Each Receipt this Period 384.00  
 P/R Deduction (\$192.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 442.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 62
	<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. DREW P KAHN**  
Full Name (Last, First, Middle Initial)

Mailing Address 16015 KEMPTON PARK

City SPRING State TX Zip Code 77379-6730

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, REGIONAL OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 988.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR840590427170**

Amount of Each Receipt this Period  
 76.00

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

**B. 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 HEALTHSYSTEM-TEXAS Occupation ASST - ADMINISTRATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR840706227170**

Amount of Each Receipt this Period  
 40.00

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

**C. CRYSTAL L HAYNES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3924 FLORA PLACE

City ST. LOUIS State MO Zip Code 63110-3733

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

Name of Employer SAINT LOUIS UNIVERSITY HOSPITAL Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR840796027170**

Amount of Each Receipt this Period  
 78.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	194.00
<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 49 OF 62
	<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 W BORDOFSKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5001 ASHLAND BELLE LANE

City FRISCO State TX Zip Code 75035-7682

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CLINICAL SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR840924627170**

Amount of Each Receipt this Period 80.00

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

**B. INEZ VARGAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1219 CHERRY SPRING

City HOUSTON State TX Zip Code 77038-2117

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

Name of Employer TENET PATIENT FINCL SVCS Occupation DIR, REV CYCLE MGMT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR840961327170**

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 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 12 / 31 / 2011  
**Transaction ID : PR841446727170**

Amount of Each Receipt this Period 38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 138.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 62
	<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. TREVOR FETTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3821 BEVERLY DRIVE

City DALLAS State TX Zip Code 75205-2807

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO AND PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4995.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR841482527170**

Amount of Each Receipt this Period  
 666.00

P/R Deduction (\$333.00 Bi-Weekly)

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

Mailing Address 303 PRINCE ALBERT CT

City RICHARDSON State TX Zip Code 75081-5059

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, IS HR/PR & RPT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR841515827170**

Amount of Each Receipt this Period  
 20.00

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

**C. HUILING ZHANG**  
Full Name (Last, First, Middle Initial)

Mailing Address 2901 DANIEL AVE

City DALLAS State TX Zip Code 75205-1515

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, BIOSTATISTICS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR841724227170**

Amount of Each Receipt this Period  
 38.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	724.00
<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 51 OF 62
	<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. JOHN TILLY</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 1221 WENTWOOD			<b>Transaction ID : PR84232427170</b>
City IRVING	State TX	Zip Code 75061-4456	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP & ASST GENERAL COUNSE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00		P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH JOHNSON</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 3302 MARSH LANE			<b>Transaction ID : PR842373127170</b>
City GRAPEVINE	State TX	Zip Code 76051-6828	Amount of Each Receipt this Period 76.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, APPLIED CLINICAL INF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 988.00		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. JUDITH STIMSON-RUSIN</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 11807 LITTLESTONE CT			<b>Transaction ID : PR842449827170</b>
City WEST PALM BEACH	State FL	Zip Code 33412-1621	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer PALM BEACH GARDENS MEDICAL CENTER	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	246.00
<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 52 OF 62
	<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. BRIAN REILLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 PARRY DR

City HAINESPORT State NJ Zip Code 08036-4881

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

Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR843214427170**

Amount of Each Receipt this Period 20.00

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

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

Mailing Address 13 GREENBRIAR LANE

City PAOLI State PA Zip Code 19301-1907

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR. MANAGING COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR843854927170**

Amount of Each Receipt this Period 20.00

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

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

Mailing Address 1625 FAWN LN

City HUNTINGDON VALLEY State PA Zip Code 19006-7917

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR843874927170**

Amount of Each Receipt this Period 38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 62
	<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. SANDRA C HOLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3874 HEATHERBROOK TRAIL

City VALE State NC Zip Code 28168-9570

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation DIR, RADIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR843888127170**

Amount of Each Receipt this Period 20.00

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

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

Mailing Address 7935 EAST DRIVE#901

City NORTH BAY VILLAGE State FL Zip Code 33141-3687

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 ▼ 988.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR844477227170**

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 5124 DESERT VIXEN RD

City PALM BEACH GARDENS State FL Zip Code 33418-7819

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR844609427170**

Amount of Each Receipt this Period 20.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 116.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 62
	<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. PATRICIA L BRAINERD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5412 GLENSHIRE DR  
 City PLANO State TX Zip Code 75093-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, CORP COMMUN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR844644427170**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. STEVEN B BARR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 BINZ  
 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 ▼ 494.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR844656627170**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. THOMAS I RUNKLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 868B PENNOCK ST  
 City PHILADELPHIA State PA Zip Code 19130-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation DIRECTOR OF OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR844712827170**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. LYNNE SCROGGINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3777 PEACHTREE RD NE 632  
 City ATLANTA State GA Zip Code 30319-5209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATLANTA MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR844786227170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. ANTHONY BAIRD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4940 PIKES PEAK  
 City EL PASO State TX Zip Code 79904-2023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation ADMIN DIR DCQI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR846311927170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. SCOTT A RIFKIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2188 ASPEN  
 City TUSTIN RANCH State CA Zip Code 92782-8339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR846690227170**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 62
	<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. ERIC M DELGADO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4734 BRIERCREST AVE.  
 City LAKEWOOD State CA Zip Code 90713-2312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REGIONAL FINANCE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR846888227170**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. MICHAEL J KING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2713 STUYVESANT CR  
 City MODESTO State CA Zip Code 95356-0337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DOCTORS MEDICAL CENTER-MODESTO Occupation COO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **494.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR847417827170**  
 Amount of Each Receipt this Period **38.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. MARK A NEU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 SAN SEBASTIAN  
 City RANCHO SANTA MARGARITA State CA Zip Code 92688-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REGIONAL COMPLIANCE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR847814227170**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **78.00**  
**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 57 OF 62
	(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"/> 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. STEVEN G WASSERMAN</b>		Date of Receipt
Mailing Address 6132 DEERHILL RD		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
OAK PARK	CA	91377-5832
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR847970127170</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	
CAP MANAGEMENT SYSTEMS	CHIEF INFO OFFICER-CMS	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="494.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MONICA C VARGAS</b>		Date of Receipt
Mailing Address 4017 FLAMINGO		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
EL PASO	TX	79902-1313
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR849126627170</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	
SIERRA PROVIDENCE EASTSIDE HOSPITAL	COO	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="494.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JAMES CLEMENTS</b>		Date of Receipt
Mailing Address 3013 GOLF CREST LANE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
WOODSTOCK	GA	30189-8197
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR849790227170</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	
SOUTH FULTON MEDICAL CENTER	CEO	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="988.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="152.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="9752.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Sam Johnson**

Mailing Address 20 F Street, NW Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
2012 Primary

Category/  
Type

Candidate Name

**Sam Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

/  /

**Transaction ID : 34088177**

Amount of Each Disbursement this Period

2012 Primary

Full Name (Last, First, Middle Initial)

**B. Diane Black For Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
2012 Primary

Category/  
Type

Candidate Name

**Rep. Diane Black**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

/  /

**Transaction ID : 34088178**

Amount of Each Disbursement this Period

2012 Primary

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

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. Georgia Hospital Association HosPAC**

Mailing Address 1675 Terrell Mill Road

City Marietta State GA Zip Code 30067

Purpose of Disbursement  
2011 Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 34085116**

Amount of Each Disbursement this Period

2011 Contribution

Full Name (Last, First, Middle Initial)

**B. Greg Goggans for State Senate**

Mailing Address 1300 Hampton Road

City Douglas State GA Zip Code 31533

Purpose of Disbursement  
Greg Goggans, STATE SENATE 7th GA

**011**  
Category/  
Type

Candidate Name

**GA Sen. Greg Goggans**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

/  /

**Transaction ID : 34085120**

Amount of Each Disbursement this Period

Greg Goggans, STATE SENATE 7th GA

Full Name (Last, First, Middle Initial)

**C. John Albers for State Senate**

Mailing Address P.O. Box 215, Suite 430

City Roswell State GA Zip Code 30075

Purpose of Disbursement  
John Albers, STATE SENATE 56th GA

**011**  
Category/  
Type

Candidate Name

**GA Sen. John Albers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

/  /

**Transaction ID : 34085121**

Amount of Each Disbursement this Period

John Albers, STATE SENATE 56th GA

**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. Committee to Elect R.M. Channell**

Mailing Address PO Box 839

City Greensboro State GA Zip Code 30642

Purpose of Disbursement  
Mickey Channell, STATE HOUSE 116th GA

Candidate Name

**Mickey Channell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 16

Date of Disbursement

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

**Transaction ID : 34085122**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Mickey Channell, STATE HOUSE 116th GA

Full Name (Last, First, Middle Initial)

**B. Nordquist for Legislature**

Mailing Address 615 Dorcas Street

City Omaha State NE Zip Code 68108

Purpose of Disbursement  
Jeremy Nordquist, STATE SENATE 7th NE

Candidate Name

**NE Sen. Jeremy Nordquist**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	1	1

**Transaction ID : 34088179**

Amount of Each Disbursement this Period

9	0	0	0	0	0	0	0	0	0

Jeremy Nordquist, STATE SENATE 7th NE

Full Name (Last, First, Middle Initial)

**C. Collin County Republican Party**

Mailing Address 8416 Stacy Road, #100

City McKinney State TX Zip Code 75070

Purpose of Disbursement  
2011 Contribution

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
1	2		1	3		2	0	1	1

**Transaction ID : 34117140**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

2011 Contribution

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

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

4	4	0	0	0	0	0	0	0	0

4	4	0	0	0	0	0	0	0	0

**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. South Carolina Hospital Association PAC (HAPAC)**

Mailing Address 1000 Center Point Drive

City Columbia State SC Zip Code 29210

Purpose of Disbursement  
2011 Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2011

**Transaction ID : 34178228**

Amount of Each Disbursement this Period

2000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**B. Phil Berger Committee**

Mailing Address 1506 Hillsborough Street

City Raleigh State NC Zip Code 27605

Purpose of Disbursement  
Phil Berger, STATE SENATE 26th NC

Candidate Name

**Senator Phil Berger**

Office Sought:  House  Senate  President  
State: NC District:

Disbursement For: 2012  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2011

**Transaction ID : 34178237**

Amount of Each Disbursement this Period

1000.00

Phil Berger, STATE SENATE 26th NC

Full Name (Last, First, Middle Initial)

**C. The Committee to Elect Thom Tillis**

Mailing Address P.O. Box 32186

City Charlotte State NC Zip Code 28232

Purpose of Disbursement  
Thom Tillis, STATE HOUSE 98th NC

Candidate Name

**NC Rep. Thom Tillis**

Office Sought:  House  Senate  President  
State: NC District: 98

Disbursement For: 2012  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2011

**Transaction ID : 34178240**

Amount of Each Disbursement this Period

1000.00

Thom Tillis, STATE HOUSE 98th NC

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

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

4000.00

**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. Apodaca for Senate**

Mailing Address 1506 Hillsborough Street

City Raleigh State NC Zip Code 27605

Purpose of Disbursement  
Tom Apodaca, STATE SENATE 48th NC

011

Candidate Name

**NC Sen. Tom Apodaca**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 34178241**

Amount of Each Disbursement this Period

1000.00

Tom Apodaca, STATE SENATE 48th NC

Full Name (Last, First, Middle Initial)

**B. Wes Hayes for State Senate**

Mailing Address 1486 Cureton Drive

City Rock Hill State SC Zip Code 29732

Purpose of Disbursement  
Robert Hayes, STATE SENATE 15th SC

011

Candidate Name

**Robert Hayes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 34178244**

Amount of Each Disbursement this Period

1000.00

Robert Hayes, STATE SENATE 15th SC

Full Name (Last, First, Middle Initial)

**C. Dee Margo Campaign**

Mailing Address 4845 Villa Encanto

City El Paso State TX Zip Code 79922

Purpose of Disbursement  
Void - Dee Margo Campaign

011

Candidate Name

**Mr. Dee Margo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 78

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2011

**Transaction ID : 34312486**

Amount of Each Disbursement this Period

-500.00

Void - Dee Margo Campaign

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

1500.00

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

16690.00