

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Todd Plott
Signature of Treasurer Electronically Filed by Mr. Todd Plott Date 10 20 2010

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62272.29
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	112347.84									
(c) Total Receipts (from Line 19)	9952.60	110061.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122300.44	172333.29								
7. Total Disbursements (from Line 31)	12250.00	62282.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	110050.44	110050.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	8039.60	80143.30
(ii) Unitemized	1913.00	29917.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9952.60	110061.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9952.60	110061.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9952.60	110061.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9952.60	110061.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	52750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	750.00	9532.85
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12250.00	62282.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12250.00	62282.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	9952.60	110061.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9952.60	110061.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JAIKUMAR KRISHNASWAMY		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 2505 MAESTRO WAY		Transaction ID: PR1025621124584		
	City MODESTO	State CA	Zip Code 95355-9658	Amount of Each Receipt this Period 38.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DOCTORS MEDICAL CENTER-MODESTO	Occupation ASSOCIATE ADMINISTRATOR	Aggregate Year-to-Date 380.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$19.00 Bi-Weekly)			

B.	Full Name (Last, First, Middle Initial) KEVIN MCCASLIN		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 5225 MAPLE AVE #4314		Transaction ID: PR1026156824584		
	City DALLAS	State TX	Zip Code 75235-8449	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR	Aggregate Year-to-Date 1248.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$96.00 Bi-Weekly)			

C.	Full Name (Last, First, Middle Initial) CAROLYN B JACKSON		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1390 WHITNEY LAKES DR		Transaction ID: PR1026318024584		
	City ROCKWALL	State TX	Zip Code 75087-2473	Amount of Each Receipt this Period 38.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer LAKE POINTE MEDICAL CENTER	Occupation CEO	Aggregate Year-to-Date 299.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$19.00 Bi-Weekly)			

SUBTOTAL of Receipts This Page (optional)	▶	268.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT RUSSELL	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1001 SARANAC PARK	Transaction ID: PR1159116224584
	City State Zip Code PEACHTREE CITY GA 30269-1274	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTH FULTON MEDICAL CENTER COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) SHELLEY GILES	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3803 STOCKTON LN	Transaction ID: PR1479664424584
	City State Zip Code DALLAS TX 75287-4919	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORATION DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JEFFREY KOURY	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 42 BARNEBURG	Transaction ID: PR1481203524584
	City State Zip Code DOVE CANYON CA 92679-4210	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORATION VP AND REGIONAL CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	166.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3405 HOWELL ST#9

City DALLAS State TX Zip Code 75204-2828

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1568624524584

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 15126 FERDINAND DR

City DALLAS State TX Zip Code 75248-6437

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1592856024584

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 5325 TATE AVE

City PLANO State TX Zip Code 75093-3433

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1592857724584

Amount of Each Receipt this Period 80.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 232.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 404 N.CHURCH ST

City MCKINNEY State TX Zip Code 75069

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1592858224584

Amount of Each Receipt this Period 90.00

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

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

Mailing Address 15871 SW 148 TERRACE

City 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 ▼ 800.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1734839224584

Amount of Each Receipt this Period 80.00

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

C. Full Name (Last, First, Middle Initial)
LEA D FOURKILLER

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 HEALTHCARE CORPORATION Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1735529124584

Amount of Each Receipt this Period 78.00

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

SUBTOTAL of Receipts This Page (optional) ► **248.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 41
(check only one)

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

A.

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

Mailing Address 1808 FLINT RIDGE DR

City ALLEN State TX Zip Code 75002-1567

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

Name of Employer LAKE POINTE MEDICAL CENTER Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1735905224584
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B.

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

Mailing Address 3336 SUNNIROC ROAD

City BIRMINGHAM State AL Zip Code 35210-3799

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

Name of Employer BROOKWOOD MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1735911024584
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

C.

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

Mailing Address 6303 RICHMOND #202

City DALLAS State TX Zip Code 75214-3674

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

Name of Employer DOCTORS HOSPITAL-DALLAS Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1735911224584
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 41
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

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

Mailing Address 1111 MONTCLAIR AVENUE

City State Zip Code
DALLAS TX 75208

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1728.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR1814798524584

Amount of Each Receipt this Period
192.00

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

B.

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

Mailing Address 1900 S. OCEAN BLVD. #16N

City State Zip Code
POMPANO BEACH FL 33062-8010

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

Name of Employer Occupation
NORTH SHORE MEDICAL CENTER CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR2067935224584

Amount of Each Receipt this Period
38.00

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

C.

Full Name (Last, First, Middle Initial)
DONALD R BAKER

Mailing Address 145 HAWLEY

City State Zip Code
TEMPLETON CA 93465-5449

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

Name of Employer Occupation
TWIN CITIES COMMUNITY HOSPITAL DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR2173671524584

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional) ► **308.00**

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

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

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

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

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

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

Mailing Address 391 E MILGEO AVE

City State Zip Code
RIPON CA 95366-2120

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

Name of Employer DOCTORS HOSPITAL OF MANTE-CA
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 551.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2174141224584
 Amount of Each Receipt this Period: 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
PHILLIP SOWA

Mailing Address 621 BIRDSALL ST

City State Zip Code
HOUSTON TX 77007-5101

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

Name of Employer PARK PLAZA HOSPITAL
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 771.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2174298124584
 Amount of Each Receipt this Period: 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City State Zip Code
PALM SPRINGS CA 92262-6395

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

Name of Employer DESERT REGIONAL MEDICAL CENTER
Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2174361624584
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 216.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 41
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
WADE TYRRELL

Mailing Address 7844 ANNA CALLA WAY

City BARTLETT State TN Zip Code 38133-5812

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

Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2174470724584
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City MODESTO State CA Zip Code 95355-8446

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

Name of Employer DOCTORS MEDICAL CENTER-MODESTO Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2174541524584
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C.

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2174559924584
Amount of Each Receipt this Period 192.00
P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 346.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ALVIN W JOSEPHS		Date of Receipt
	Mailing Address 3717 HERWOL AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	WACO	TX	76710-7218
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174561224584
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SR DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 546.00	<input type="text"/> 78.00
			P/R Deduction (\$39.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) BIGGS C PORTER		Date of Receipt
	Mailing Address 4535 MANNING LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	DALLAS	TX	75220-6434
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174563624584
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation CHIEF FINANCIAL OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	<input type="text"/> 200.00
			P/R Deduction (\$100.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JUAN D RODRIGUEZ		Date of Receipt
	Mailing Address 4877 NORTHSHORE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	FRISCO	TX	75034-7568
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174564424584
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 209.00	<input type="text"/> 38.00
			P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 316.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 41

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

JEFFERY FLOCKEN

Mailing Address 27 NEW DAWN

City State Zip Code
IRVINE CA 92620-1976

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

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2174567324584

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

PATRICIA SECHI

Mailing Address 10190 COLLINS AVE #101

City State Zip Code
BAL HARBOUR FL 33154-1611

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

Name of Employer
NORTH SHORE MEDICAL CENTER

Occupation
ASSOCIATE ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2216476824584

Amount of Each Receipt this Period

38.00

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

C.

Full Name (Last, First, Middle Initial)

SALLY A HURT-STEFFEN

Mailing Address 712 WALTHAM CT

City State Zip Code
EL PASO TX 79922-2128

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

Name of Employer
SIERRA PROVIDENCE EASTSIDE
HOSPITAL

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
892.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2248480224584

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

338.00

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 16 / 41
(check only one)

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

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

A.

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

Mailing Address 6516 VASCO WAY

City State Zip Code
EL PASO TX 79912-1709

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

Name of Employer Occupation
SIERRA MEDICAL CENTER DIR. PUBLIC RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2284144024584

Amount of Each Receipt this Period 78.00

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

B.

Full Name (Last, First, Middle Initial)
BRADLEY C TAYLOR

Mailing Address 9438 THORNBERRY LANE

City State Zip Code
DALLAS TX 75220-5145

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SR DIR
ION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2284285124584

Amount of Each Receipt this Period 38.00

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

C.

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

Mailing Address 4141 16TH STREET NE

City State Zip Code
HICKORY NC 28601-8408

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

Name of Employer Occupation
FRYE REGIONAL MEDICAL CEN- CEO
TER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2369304324584

Amount of Each Receipt this Period 76.00

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

SUBTOTAL of Receipts This Page (optional) ► **192.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN SHORT		Date of Receipt
	Mailing Address 3108 Clymer Drive		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Plano	State TX	Zip Code 75025-5325
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2387796624584
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP - PMI	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="774.00"/>	<input type="text" value="78.00"/>
			P/R Deduction (\$39.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) PAUL CASTANON		Date of Receipt
	Mailing Address 6307 PRESTON PARKWAY		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City DALLAS	State TX	Zip Code 75205-1650
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2398953024584
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP & ASST GENERAL COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="551.00"/>	<input type="text" value="38.00"/>
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JACOB J. SPRUIT		Date of Receipt
	Mailing Address 5608 Maxon Marsh Drive		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Hiram	State GA	Zip Code 30141-2879
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2398965024584
Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="460.00"/>	<input type="text" value="46.00"/>
			P/R Deduction (\$23.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="162.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 41
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
STEPHEN D. PRESTON

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 ▼ 361.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2428718424584
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

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

Mailing Address 531 EVERGREEN DRIVE

City MANDEVILLE State LA Zip Code 70448-7574

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

Name of Employer DIAGNOSTIC IMAGING SERVICES Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 722.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2440288724584
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KELVIN BAGGETT

Mailing Address 3850 WEST NORTHWEST HIGHWAY UNIT 4111

City DALLAS State TX Zip Code 75220-5232

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2444580824584
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 19 / 41
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
TYLER MURPHY

Mailing Address 108 LONDONBERRY TERRACE

City State Zip Code
SOUTHLAKE TX 76092-7321

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP/TREASURER
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

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

Transaction ID: PR2444580924584

Amount of Each Receipt this Period
38.00

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

B.

Full Name (Last, First, Middle Initial)
MR. JAMES MIKE THATCHER

Mailing Address 2904 CROOKED STICK

City State Zip Code
PLANO TX 75093-6352

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

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

Transaction ID: PR2460337924584

Amount of Each Receipt this Period
38.00

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

C.

Full Name (Last, First, Middle Initial)
MR. JAMES M. COWLING

Mailing Address 111 SUNSET COVE LANE

City State Zip Code
PALM BEACH GARDENS FL 33418-4607

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

Name of Employer Occupation
PALM BEACH GARDENS MEDICAL CEO
CENTER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

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

Transaction ID: PR2460338224584

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional) ► **114.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 41
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MICHAEL HALTER

Mailing Address 111 RIGHTERS MILL RD

City State Zip Code
PENN VALLEY PA 19072-1312

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

Name of Employer Occupation
HAHNEMANN UNIVERSITY HOSP-ITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR406763224584
Amount of Each Receipt this Period: 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B.

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

Mailing Address 7243 BAXTERSHIRE DRIVE

City State Zip Code
DALLAS TX 75230-3170

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR407201324584
Amount of Each Receipt this Period: 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
THOMAS WOLF

Mailing Address 2613 MILLINGTON DRIVE

City State Zip Code
PLANO TX 75093-3560

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR407205124584
Amount of Each Receipt this Period: 32.00
P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 146.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 41
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DONALD E LAUGHLIN

Mailing Address 4185 CLOVERPORT RD

City TOONE State TN Zip Code 38381-8059

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

Name of Employer SAINT FRANCIS HOSPITAL Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR407210524584
 Amount of Each Receipt this Period: 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B.

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

Mailing Address 16 SARAH NASH CT

City DALLAS State TX Zip Code 75225-2072

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation EVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3800.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR407210624584
 Amount of Each Receipt this Period: 380.00
 P/R Deduction (\$190.00 Bi-Weekly)

C.

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

Mailing Address 2230 WARNER ROAD

City FORT WORTH State TX Zip Code 76110-1752

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR407215824584
 Amount of Each Receipt this Period: 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **494.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 41
(check only one)

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

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

A.

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

Mailing Address 4333 PERSHING AVE

City State Zip Code
FT WORTH TX 76107-4243

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SR DIR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 660.00

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

Transaction ID: PR407218624584

Amount of Each Receipt this Period
78.00

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

B.

Full Name (Last, First, Middle Initial)
SHERRY J HENDERSON

Mailing Address 25 NIGHT HERON PL

City State Zip Code
HICKORY NC 28601-8806

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

Name of Employer Occupation
FRYE REGIONAL MEDICAL CEN- CFO
TER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

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

Transaction ID: PR407219724584

Amount of Each Receipt this Period
40.00

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

C.

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

Mailing Address 1805 LONGWOOD CT

City State Zip Code
ALLEN TX 75013-3074

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 392.00

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

Transaction ID: PR407221524584

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional) ► 156.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOE D THOMASON
Mailing Address 4006 RAMSGATE CT
City COLLEYVILLE State TX Zip Code 76034-4473
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 760.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR407222124584
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ROBERT S HENDLER
Mailing Address 11122 W RICKS CIRCLE
City DALLAS State TX Zip Code 75230-3032
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation REGIONAL CMO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR407222824584
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CONLEY S CERVANTES
Mailing Address 819 CAMBRIDGE MANOR LANE
City COPPELL State TX Zip Code 75019-6105
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR407224724584
Amount of Each Receipt this Period 24.00
P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 200.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MARK E PEACOCK	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 1120 CHESTERTON DR	Transaction ID: PR407226024584
	City State Zip Code RICHARDSON TX 75080-2919	Amount of Each Receipt this Period 6.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$3.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00	

B.	Full Name (Last, First, Middle Initial) DOUGLAS E RABE	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 9923 CAPRIDGE DR	Transaction ID: PR407227324584
	City State Zip Code DALLAS TX 75238-3469	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL S HONGOLA	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 6704 WESTMONT DRIVE	Transaction ID: PR407227624584
	City State Zip Code COLLEYVILLE TX 76034-7263	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	86.00
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 / 41

(check only one)

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

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

A.

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

Mailing Address 714 KENT CT

City State Zip Code
SOUTHLAKE TX 76092-8868

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION SVP & GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3840.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR407229224584

Amount of Each Receipt this Period

384.00

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

B.

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

Mailing Address 3014 CASTLE PINES DRIVE

City State Zip Code
DULUTH GA 30097-2039

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

Name of Employer Occupation
ATLANTA MEDICAL CENTER MARKET CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR407231824584

Amount of Each Receipt this Period

40.00

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

C.

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

Mailing Address 1138 PINE VALLEY ROAD

City State Zip Code
GRIFFIN GA 30224-4953

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

Name of Employer Occupation
SPALDING REGIONAL HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1260.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR407236024584

Amount of Each Receipt this Period

76.00

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

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 41

(check only one)

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

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

A.

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

Mailing Address 747 MENDENHALL CT

City State Zip Code
FORT MILL SC 29715-7852

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

Name of Employer Occupation
PIEDMONT MEDICAL CENTER MARKET CEO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR407241424584

Amount of Each Receipt this Period

38.00

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

B.

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

Mailing Address 3610 EDGEWATER STREET

City State Zip Code
DALLAS TX 75205-4317

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- ION SVP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1920.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR407242924584

Amount of Each Receipt this Period

192.00

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

C.

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

Mailing Address 264 IDLEWILDE LANE

City State Zip Code
SANFORD NC 27332-9304

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

Name of Employer Occupation
CENTRAL CAROLINA HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR407244824584

Amount of Each Receipt this Period

70.00

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

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 41
(check only one)

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

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

Mailing Address 6301 COLLINS AVE #2608

City State Zip Code
MIAMI BEACH FL 33141-4645

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

Name of Employer Occupation
HIALEAH HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR407245324584
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 2594 HOCKSETT COVE

City State Zip Code
GERMANTOWN TN 38139-6655

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1416.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR407250424584
Amount of Each Receipt this Period: 192.00
P/R Deduction (\$96.00 Bi-Weekly)

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

Mailing Address 11034 TIBBS STREET

City State Zip Code
DALLAS TX 75230-3450

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3840.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR407257724584
Amount of Each Receipt this Period: 384.00
P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **616.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 41

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

ALAN R CASON

Mailing Address 112 GOLDEN PHEASANT ST

City State Zip Code
SLIDELL LA 70461-3116

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

Name of Employer
NORTHSHORE REGIONAL MEDICAL CENTER

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR407263524584

Amount of Each Receipt this Period

40.00

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

B.

Full Name (Last, First, Middle Initial)

TERRY WHEELER

Mailing Address 13802 MAGNOLIA MANOR

City State Zip Code
CYPRESS TX 77429-8162

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

Name of Employer
CYPRESS FAIRBANKS MEDICAL CENTER

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR407265624584

Amount of Each Receipt this Period

70.00

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

C.

Full Name (Last, First, Middle Initial)

GARY L HONTS JR.

Mailing Address 1855 SILVERWINGS CT

City State Zip Code
MORGAN HILL CA 95037-9002

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

Name of Employer
COMMUNITY HOSPITAL OF LOS GATOS

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR407266424584

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional) ▶

170.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 41
(check only one)

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

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

A.

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

Mailing Address 230 GRIMSLEY STAT BLUFF

City SAINT LOUIS State MO Zip Code 63129-5030

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

Name of Employer DES PERES HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR407268524584

Amount of Each Receipt this Period 76.00

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

B.

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

Mailing Address 23510 BERDON STREET

City WOODLAND HILLS State CA Zip Code 91367-3004

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR407274124584

Amount of Each Receipt this Period 80.00

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

C.

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

Mailing Address 3 TURTLE BAY DRIVE

City NEWPORT BEACH State CA Zip Code 92660-4266

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

Name of Employer PLACENTIA LINDA HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR407278124584

Amount of Each Receipt this Period 76.00

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 41
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR407280324584

Amount of Each Receipt this Period
76.00

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

B.

Full Name (Last, First, Middle Initial)
RODNEY A REASONER

Mailing Address 1960 MARY LEE LN

City State Zip Code
ALLEN TX 75002-8528

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR407280924584

Amount of Each Receipt this Period
76.00

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

C.

Full Name (Last, First, Middle Initial)
MICHELE M FINNEY

Mailing Address 21521 TURTLEDOVE STREET

City State Zip Code
TRABUCO CANYON CA 92679-3486

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

Name of Employer Occupation
LOS ALAMITOS MEDICAL CENTER CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR407283924584

Amount of Each Receipt this Period
76.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KEN WHEAT

Mailing Address 31855 DATE PALM DR#3

City State Zip Code
CATHEDRAL CITY CA 92234-3100

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

Name of Employer Occupation
DESERT REGIONAL MEDICAL CENTER COO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR407288724584

Amount of Each Receipt this Period
76.00

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

B. Full Name (Last, First, Middle Initial)
RICK LYONS

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 688.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR413941924584

Amount of Each Receipt this Period
40.00

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

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR839152224584

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► **192.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 41
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 4616 LARGO DR.

City State Zip Code
FLOWER MOUND TX 75028-3936

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP HUMAN RESOURCES
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: PR839196424584

Amount of Each Receipt this Period
40.00

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

B.

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

Mailing Address 7365 NW 54TH STREET

City State Zip Code
LAUDERHILL FL 33319-6346

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: PR839477824584

Amount of Each Receipt this Period
50.00

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

C.

Full Name (Last, First, Middle Initial)
KEM M MULLINS

Mailing Address 10101 FRENCH SPRINGS RD

City State Zip Code
LAKELAND TN 38002-8425

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL-BA- CEO
RTLETT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

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

Transaction ID: PR839557424584

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional) ► **128.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) AUDREY T ANDREWS		Date of Receipt
	Mailing Address 702 PENFOLDS		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	COPPELL	TX	75019-4544
	FEC ID number of contributing federal political committee. C		Transaction ID: PR840566924584
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3840.00	384.00
			P/R Deduction (\$192.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) DREW P KAHN		Date of Receipt
	Mailing Address 16015 KEMPTON PARK		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	SPRING	TX	77379-6730
	FEC ID number of contributing federal political committee. C		Transaction ID: PR840590424584
Name of Employer HOUSTON NW MEDICAL CENTER		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00	76.00
			P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) DEBORAH DALEY		Date of Receipt
	Mailing Address PO BOX 757		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	EDGEWOOD	TX	75117-0757
	FEC ID number of contributing federal political committee. C		Transaction ID: PR840706224584
Name of Employer STAFF-TEXAS		Occupation GRANT ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	40.00
			P/R Deduction (\$20.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 41
(check only one)

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR840924624584
 Amount of Each Receipt this Period: 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
GEORGE M BARTON

Mailing Address P. O. BOX 37

City ROSSVILLE State TN Zip Code 38066-0037

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

Name of Employer ST FRANCIS BARTLETT MC Occupation DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR841534324584
 Amount of Each Receipt this Period: 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

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

Mailing Address 6508 MIMMS DRIVE

City DALLAS State TX Zip Code 75252-5433

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR841724224584
 Amount of Each Receipt this Period: 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 196.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 41
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
DEBBIE FOWLER

Mailing Address 5018 SHADY GLEN

City State Zip Code
GARLAND TX 75043-2918

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- MGR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 221.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR842079524584

Amount of Each Receipt this Period
34.00

P/R Deduction (\$17.00 Bi-Weekly)

B.

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

Mailing Address 1221 WENTWOOD

City State Zip Code
IRVING TX 75061-4456

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR842232424584

Amount of Each Receipt this Period
150.00

P/R Deduction (\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ELIZABETH JOHNSON

Mailing Address 3302 MARSH LANE

City State Zip Code
GRAPEVINE TX 76051-6828

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR842373124584

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► 260.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 41
(check only one)

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

A.

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

Mailing Address 1625 FAWN LN

City State Zip Code
HUNTINGDON VALLEY PA 19006-7917

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR843874924584

Amount of Each Receipt this Period
38.00

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

B.

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

Mailing Address 161 MEADOW RIDGE LN

City State Zip Code
CHAPEL HILL NC 27517-8847

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

Name of Employer Occupation
CAROLINA CROSSROADS SURG DIR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 386.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR843980424584

Amount of Each Receipt this Period
38.60

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

C.

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

Mailing Address 7710 CENTER BAY DR

City State Zip Code
NORTH BAY VILLAGE FL 33141-4019

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

Name of Employer Occupation
NORTH SHORE MEDICAL CENTER CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR844477224584

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► **152.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 5412 GLENSHIRE DR	Transaction ID: PR844644424584
	City State Zip Code PLANO TX 75093-2800	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) STEVEN B BARR	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1300 BINZ	Transaction ID: PR844656624584
	City State Zip Code HOUSTON TX 77004-7016	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer PLAZA SPECIALTY HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL J KING	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2713 STUYVESANT CR	Transaction ID: PR847417824584
	City State Zip Code MODESTO CA 95356-0337	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer DOCTORS MEDICAL CENTER-MODESTO	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 41
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

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

Mailing Address 4017 FLAMINGO

City State Zip Code
EL PASO TX 79902-1313

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

Name of Employer Occupation
SIERRA PROVIDENCE EASTSIDE HOSPITAL COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR849126624584

Amount of Each Receipt this Period
38.00

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

B.

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

Mailing Address 3013 GOLF CREST LANE

City State Zip Code
WOODSTOCK GA 30189-8197

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

Name of Employer Occupation
SOUTH FULTON MEDICAL CENTER ASSOC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR849790224584

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional)	114.00
TOTAL This Period (last page this line number only)	8039.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 41

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

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

A. Full Name (Last, First, Middle Initial) Citizens for Hughes Mailing Address P.O. Box 2335 City Harrisburg State PA Zip Code 17105 Purpose of Disbursement Vincent Hughes, STATE SENATE 7th PA Candidate Name Vincent Hughes Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32279763 Date of Disbursement 09 / 15 / 2010
	Amount of Each Disbursement this Period 250.00 Vincent Hughes, STATE SENATE 7th PA
B. Full Name (Last, First, Middle Initial) Bill Haslam for Governor Mailing Address 1701 West End Avenue Suite 300 City Nashville State TN Zip Code 37203 Purpose of Disbursement Bill Haslam, GOVERNOR TN Candidate Name Mayor Bill Haslam Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32325025 Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 500.00 Bill Haslam, GOVERNOR TN

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

750.00

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

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement 2010 General Candidate Name Sen. Charles Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32324548 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00 <hr/> 2010 General
B.	Full Name (Last, First, Middle Initial) Denham For Congress <hr/> Mailing Address 2150 River Plaza Dr #150 <hr/> City Sacramento State CA Zip Code 95833 <hr/> Purpose of Disbursement 2010 General Candidate Name Mr. Jeff Denham <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32324753 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00 <hr/> 2010 General
C.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus <hr/> Mailing Address P.O. Box 661 PO Box 5458 <hr/> City Collinsville State IL Zip Code 62234 <hr/> Purpose of Disbursement 2010 General Candidate Name Rep. John Shimkus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32325323 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00 <hr/> 2010 General

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress, Inc.	Transaction ID: 32325521 Date of Disbursement 09 / 27 / 2010
	Mailing Address P.O. Box 682185	
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 General Candidate Name Representa Marsha Blackburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 General

B.	Full Name (Last, First, Middle Initial) Klein For Congress	Transaction ID: 32325770 Date of Disbursement 09 / 27 / 2010
	Mailing Address 21301 Powerline Road	
	City Boca Raton State FL Zip Code 33433	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement 2010 General Candidate Name Congressma Ronald Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 General

C.	Full Name (Last, First, Middle Initial) People for Enterprise Trade & Economic Growth PAC	Transaction ID: 32362004 Date of Disbursement 09 / 30 / 2010
	Mailing Address 7804 Evening Lane	
	City Alexandria State VA Zip Code 22306	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2010 Contribution Candidate Name People for Enterprise Trade & Economic Growth PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 Contribution

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	11500.00