

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) 1445 Ross Avenue

Check if different than previously reported. (ACC) Suite 1400

Dallas TX 75202-2703

2. **FEC IDENTIFICATION NUMBER ▼** C00119354 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)             | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)             | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013

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 Mr. Todd Plott *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2013

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									
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**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="2013"/>		118968.39
(b) Cash on Hand at Beginning of Reporting Period.....	121771.17	
(c) Total Receipts (from Line 19) .....	8626.00	98054.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	130397.17	217022.89
7. Total Disbursements (from Line 31).....	17472.16	104097.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	112925.01	112925.01
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6596.30	59489.55
(ii) Unitemized .....	2029.70	36064.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8626.00	95554.50
(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) .....	8626.00	95554.50
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	2500.00
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))..... ▶	8626.00	98054.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8626.00	98054.50

**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 .....	972.16	1180.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	972.16	1180.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	77250.00
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	390.00
(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	390.00
29. Other Disbursements .....	1500.00	25277.47
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)) ..	17472.16	104097.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17472.16	104097.88

**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) .....	8626.00	95554.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	390.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8626.00	95164.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	972.16	1180.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	972.16	1180.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
	<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. RUBEN O RODRIGUEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 6905 Villa Hermosa Dr

City El Paso State TX Zip Code 79912-2341

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A3C3866411BD64AC385B**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 3014 Castle Pines Dr

City Duluth State GA Zip Code 30097-2039

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

Name of Employer ATLANTA MEDICAL CENTER Occupation MARKET CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A6C5B027FFA5D49AF87A**

Amount of Each Receipt this Period **40.00**

Payroll Deduction: \$20.00/Bi-Weekly

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

Mailing Address 13802 Magnolia Manor Dr

City Cypress State TX Zip Code 77429-8162

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

Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A034AE2AFBFB54DC2B22**

Amount of Each Receipt this Period **70.00**

Payroll Deduction: \$35.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **148.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<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. BRADLEY C TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9438 Thornberry Ln

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 ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : AB1185E7AE5734A17852**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 7243 Baxtershire Dr

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 ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A2A9438DBED0448A3ADA**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 102 Wilmington Ct

City Southlake State TX Zip Code 76092-8492

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **722.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A451B346215FA427B88E**

Amount of Each Receipt this Period **76.00**

Payroll 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 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 7935 East Dr  
Apt 901

City North Bay Village State FL Zip Code 33141-3693

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 722.00

Date of Receipt 09 / 21 / 2013  
Transaction ID : **AAD6AB55BE69741A8ABE**

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 2713 Stuyvesant Cir

City Modesto State CA Zip Code 95356-0337

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

Name of Employer DOCTORS MEDICAL CENTER-MODESTO Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 21 / 2013  
Transaction ID : **AB9436F62B8F44CB99D8**

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 21521 Turtledove St

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 ▼ 722.00

Date of Receipt 09 / 21 / 2013  
Transaction ID : **AFA9772E2FB0244D4913**

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00

**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 10 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7707 N 127th Ave

City Omaha	State NE	Zip Code 68142-1723
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FEC ID number of contributing federal political committee. **C**

Name of Employer JFK Memorial Hospital	Occupation CEO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1311.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2013

**Transaction ID : A3579C69D5C844428A0E**

Amount of Each Receipt this Period  
192.00

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 3 Turtle Bay Dr

City Newport Beach	State CA	Zip Code 92660-4266
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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 ▼  
722.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2013

**Transaction ID : A0DBCE8EBF42947BC83C**

Amount of Each Receipt this Period  
76.00

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 2613 Millington Dr

City Plano	State TX	Zip Code 75093-3560
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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 ▼  
304.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2013

**Transaction ID : A2127765B43694832846**

Amount of Each Receipt this Period  
32.00

Payroll Deduction: \$16.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 39
	<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. DOUGLAS E RABE**

Mailing Address 7746 Eagle Trl

City State Zip Code  
Dallas TX 75238-4115

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP, TAXATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
09 / 21 / 2013  
**Transaction ID : A28F81DFAD56C4014A2E**

Amount of Each Receipt this Period  
40.00

Payroll Deduction: \$20.00/Bi-Weekly

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

Mailing Address 819 Cambridge Manor Ln

City State Zip Code  
Coppell TX 75019-6105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  
09 / 21 / 2013  
**Transaction ID : A209DDF236AC9460BB2E**

Amount of Each Receipt this Period  
24.00

Payroll Deduction: \$12.00/Bi-Weekly

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

Mailing Address 4017 Flamingo Dr

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 ▼  
361.00

Date of Receipt  
09 / 21 / 2013  
**Transaction ID : A02B2ABCE5A944889B77**

Amount of Each Receipt this Period  
38.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 102.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3610 Edgewater St

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 ▼ 1824.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : AAD7683BD830F4CE1958**

Amount of Each Receipt this Period 192.00

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 272 Enclaves Ct

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 ▼ 1824.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : AF0126B8046E64477B6F**

Amount of Each Receipt this Period 192.00

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 8306 Turquoise St

City El Paso State TX Zip Code 79904-2513

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

Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation ASST VP NURSING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : A272528D02E48462B834**

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 422.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Mailing Address 401 N Church St

City McKinney State TX Zip Code 75069-3854

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, IT TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **855.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A042D5813FDA04E2C93D**

Amount of Each Receipt this Period **90.00**

Payroll Deduction: \$45.00/Bi-Weekly

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

Mailing Address 1111 N Montclair Ave

City Dallas State TX Zip Code 75208-3520

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOVERNMENT RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1824.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : AC85A790B0A174B30856**

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 911 Lake Breeze Dr

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 ▼ **741.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : AB43A9F8F337A40DCBA8**

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 15126 Ferdinand Dr

City State Zip Code  
Dallas TX 75248-6437

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION SVP, INVESTOR RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
741.00

Date of Receipt  
09 / 21 / 2013  
**Transaction ID : A0F4295F64EDC4E7BB7C**

Amount of Each Receipt this Period  
78.00

Payroll Deduction: \$39.00/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 ▼  
361.00

Date of Receipt  
09 / 21 / 2013  
**Transaction ID : A5DA740477D3348DC830**

Amount of Each Receipt this Period  
38.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 13123 Avalange Ct

City State Zip Code  
Cypress TX 77429-4913

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

Name of Employer Occupation  
CYPRESS FAIRBANKS MEDICAL CENTER COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.00

Date of Receipt  
09 / 21 / 2013  
**Transaction ID : A46F324C7293D42B79FC**

Amount of Each Receipt this Period  
38.00

Payroll Deduction: \$19.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.00
<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 39
	<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. NORMA A ZERINGUE**

Mailing Address 5757 Southwestern Blvd

City Dallas State TX Zip Code 75209-3437

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

Name of Employer CONIFER Occupation SVP, STRATEGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : AEC05FC8570E94841B4C**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 7480 Kings Mountain Rd

City Vestavia State AL Zip Code 35242-2581

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

Name of Employer DELRAY MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **289.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : AF6115D41BDBA41C8952**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 6304 Carmel Falls Ct

City McKinney State TX Zip Code 75070-8768

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

Name of Employer CENTENNIAL MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **722.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A778CA85400AD4E03887**

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/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: (check only one)	PAGE 16 OF 39
	<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. DEBORAH DALEY</b>		Date of Receipt
Mailing Address PO Box 757		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Edgewood	TX	75117-0757
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
TENET HEALTHSYSTEM-TEXAS	ASST - ADMINISTRATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
		Payroll Deduction: \$20.00/Bi-Weekly

Full Name (Last, First, Middle Initial) <b>B. WILLIAM R FREEMAN</b>		Date of Receipt
Mailing Address 3031 Highland House Villas Ct		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Arnold	MO	63010-5623
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
DES PERES HOSPITAL	RN - CLINICAL PRN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="361.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
		Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial) <b>C. MARITA COVARRUBIAS</b>		Date of Receipt
Mailing Address 7115 Wildgrove Ave		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75214-3841
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	VP & ASST GENERAL COUNSE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="361.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
		Payroll Deduction: \$19.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="116.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7365 NW 54th St

City State Zip Code  
Lauderhill FL 33319-6346

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION DIR, REG REIMBURSEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
09 / 21 / 2013  
Transaction ID : AC3FFCB1641B14C7AB51

Amount of Each Receipt this Period  
50.00

Payroll Deduction: \$25.00/Bi-Weekly

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

Mailing Address 2230 Warner Rd

City State Zip Code  
Fort Worth TX 76110-1752

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP, A&D

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
722.00

Date of Receipt  
09 / 21 / 2013  
Transaction ID : A1318173022EA4E13AF8

Amount of Each Receipt this Period  
76.00

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 1504 Country Bend Dr

City State Zip Code  
Saint Charles MO 63303-2512

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

Name of Employer Occupation  
DES PERES HOSPITAL HOSPITAL COMPLIANCE OFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
09 / 21 / 2013  
Transaction ID : A302943D9984F49868EB

Amount of Each Receipt this Period  
50.00

Payroll Deduction: \$25.00/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 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. PAUL A CASTANON</b>		Date of Receipt
Mailing Address 6307 Preston Pkwy		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75205-1650
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : ADA2F4A40BB234306AD4</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	VP & DEPUTY GNRL COUNSEL	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$19.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="361.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RODNEY A REASONER</b>		Date of Receipt
Mailing Address 1960 Mary Lee Ln		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Allen	TX	75002-8528
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A727B05A4D3CD48EBA43</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	VP, FINANCE	<input type="text" value="76.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$38.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="722.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BRITT REYNOLDS</b>		Date of Receipt
Mailing Address 3201 Wentwood Dr		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75225-4845
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AC1F1A614148E46A29B7</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	PRESIDENT OF HOSPITAL OPERATIONS	<input type="text" value="192.30"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$96.15/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1826.85"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="306.30"/>
<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 19 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JAMES E MCPARTLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2345 Timberlake Cir  
 City State Zip Code  
 Allen TX 75013-5835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION VP, PATIENT MGMT SYSTEMS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 361.00

Date of Receipt  
 09 / 21 / 2013  
**Transaction ID : A3D7A53F753B6472DA53**  
 Amount of Each Receipt this Period  
 38.00  
 Payroll Deduction: \$19.00/Bi-Weekly

**B. Mr. JAMES M THATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6608 Castle Pines Dr  
 City State Zip Code  
 Plano TX 75093-6378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CONIFER SVP, BUS DEVELOPMENT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 361.00

Date of Receipt  
 09 / 21 / 2013  
**Transaction ID : A2A60418F166049F79FD**  
 Amount of Each Receipt this Period  
 38.00  
 Payroll Deduction: \$19.00/Bi-Weekly

**C. ALBERT BARROCAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4050 Spalding Dr  
 City State Zip Code  
 Atlanta GA 30350-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SOUTH FULTON MEDICAL CENTER CHIEF MEDICAL OFFICER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 361.00

Date of Receipt  
 09 / 21 / 2013  
**Transaction ID : A6670F0B608394A2CAA1**  
 Amount of Each Receipt this Period  
 38.00  
 Payroll Deduction: \$19.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<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 39
	<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. JAY MIRANDA**  
Full Name (Last, First, Middle Initial)

Mailing Address 15871 SW 148th Ter

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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2013

**Transaction ID : A4E5B51FC964C4CAEB06**

Amount of Each Receipt this Period  

760.00
--------

Payroll Deduction: \$40.00/Bi-Weekly

**B. STEPHEN M MOONEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4619 Briar Oaks Cir

City Dallas	State TX	Zip Code 75287-7503
----------------	-------------	------------------------

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

Name of Employer CONIFER	Occupation PRESIDENT, CONIFER
-----------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **741.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2013

**Transaction ID : AC8621F1E8B20443D967**

Amount of Each Receipt this Period  

78.00
-------

Payroll Deduction: \$39.00/Bi-Weekly

**C. 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 ▼ **722.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2013

**Transaction ID : AD18C024D85704C41B47**

Amount of Each Receipt this Period  

76.00
-------

Payroll Deduction: \$38.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>234.00</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 21 OF 39
	<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. STEPHEN W KROUSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 632 Hirst Ave  
 City Havertown State PA Zip Code 19083-4126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN CHIEF HR OFFICER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 361.00

Date of Receipt  
 09 / 21 / 2013  
**Transaction ID : A31E9FE36C1C44CDFBC2**  
 Amount of Each Receipt this Period  
 38.00  
 Payroll Deduction: \$19.00/Bi-Weekly

**B. JEREMY D FALKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18726 Olive St  
 City Omaha State NE Zip Code 68136-1229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION DIR, STRTGIC OPS, ANLYS & REPORTING  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 361.00

Date of Receipt  
 09 / 21 / 2013  
**Transaction ID : A25AC2B0BD4CF48AFB47**  
 Amount of Each Receipt this Period  
 38.00  
 Payroll Deduction: \$19.00/Bi-Weekly

**C. DAVID L ARCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2594 Hocksett Cv  
 City Germantown State TN Zip Code 38139-6655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SAINT FRANCIS HOSPITAL MARKET CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1824.00

Date of Receipt  
 09 / 21 / 2013  
**Transaction ID : A9E20788494F2477C943**  
 Amount of Each Receipt this Period  
 192.00  
 Payroll Deduction: \$96.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	268.00
<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 22 OF 39
	<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. KELVIN A BAGGETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 6453 Tulip Ln

City Dallas State TX Zip Code 75230-4148

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF MEDICAL OFCR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : A09859996532F4B99AA2**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 3803 Stockton Ln

City Dallas State TX Zip Code 75287-4919

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, RELOCATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : A236BE47E831942D6939**

Amount of Each Receipt this Period 40.00

Payroll Deduction: \$20.00/Bi-Weekly

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

Mailing Address 676 Bryn Mahr Ln

City Rockwall State TX Zip Code 75087-6018

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

Name of Employer LAKE POINTE MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : AAC8B4223754D4D0BA4F**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/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: (check only one)	PAGE 23 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2700 Crepe Myrtle Dr

City Flower Mound State TX Zip Code 75028-3617

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, GOVT RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 991.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : A341553CCAF1248E812**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

**B. DINA L DUNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3717 Cherry Ridge Dr

City Frisco State TX Zip Code 75033-1328

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : AD9AF66FD39CE4D4C8BF**

Amount of Each Receipt this Period 50.00

Payroll Deduction: \$25.00/Bi-Weekly

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

Mailing Address 712 Waltham Ct

City El Paso State TX Zip Code 79922-2128

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : A72871050DF7241F1AF4**

Amount of Each Receipt this Period 100.00

Payroll Deduction: \$50.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3302 Marsh Ln

City Grapevine State TX Zip Code 76051-6828

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, APPLIED CLINICAL INF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **722.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A398616F53674449897F**

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 13219 George St

City Dallas State TX Zip Code 75234-5206

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

Name of Employer CONIFER Occupation VP & CHIEF COMP OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **836.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : ADBE000DE3463682A**

Amount of Each Receipt this Period **88.00**

Payroll Deduction: \$44.00/Bi-Weekly

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

Mailing Address 981 Patrician Ct

City McKinney State TX Zip Code 75069-8781

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

Name of Employer CONIFER Occupation SVP & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A7D9A8E97D64E477FA4B**

Amount of Each Receipt this Period **50.00**

Payroll Deduction: \$25.00/Bi-Weekly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 39
	<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. LERRY CROCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2386 Liledoun Rd

City State Zip Code  
Taylorsville NC 28681-8892

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

Name of Employer Occupation  
FRYE REGIONAL MEDICAL CENTER CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  
09 / 21 / 2013  
Transaction ID : **AD39815B3EDD4449B954**

Amount of Each Receipt this Period  
192.00

Payroll Deduction: \$96.00/Bi-Weekly

**B. TIM ADAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2408 University Club Dr

City State Zip Code  
Austin TX 78732-2052

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION SVP REGIONAL OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1824.00

Date of Receipt  
09 / 21 / 2013  
Transaction ID : **AAC45AFD6A1804792BAD**

Amount of Each Receipt this Period  
192.00

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 1043 Humphrey Oaks Cir

City State Zip Code  
Memphis TN 38120-2626

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

Name of Employer Occupation  
SAINT FRANCIS HOSPITAL ASSOC. ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.00

Date of Receipt  
09 / 21 / 2013  
Transaction ID : **AF00D48DC17BB42279DB**

Amount of Each Receipt this Period  
38.00

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 422.00

**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 OF 39
	(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**

**A. VANESSA BENAVIDES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3818 Cedar Spr  
# 101-32

City Dallas State TX Zip Code 75219-0000

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CORP COMPLIANCE OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **741.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A8E7C4A642FB44A19B2D**

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 714 Kent Ct

City Southlake State TX Zip Code 76092-8868

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, PHYSICIAN RESOURCES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1824.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A97398B768D6F41DCACB**

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 6704 Westmont Dr

City Colleyville State TX Zip Code 76034-7263

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, INFO SYSTEMS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : AA9D54C60BFEF4EFBB3C**

Amount of Each Receipt this Period **40.00**

Payroll Deduction: \$20.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **310.00**

**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 27 OF 39
	<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. STEVEN B BARR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1300 Binz St

City Houston State TX Zip Code 77004-7016

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

Name of Employer PLAZA SPECIALTY HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A6A3C1C5C366F46DC983**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 702 Penfolds Ln

City Coppell State TX Zip Code 75019-4544

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3648.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : AA32BD8943A7C4FB1BAF**

Amount of Each Receipt this Period **384.00**

Payroll Deduction: \$192.00/Bi-Weekly

**C. 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 ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A78773ED3D7DF427AA1C**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **460.00**

**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 28 OF 39
	<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. JOHN A GRAH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6104 La Posta Dr  
 City El Paso State TX Zip Code 79912-1842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation COO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **581.00**

Date of Receipt **09 / 21 / 2013**  
**Transaction ID : A18A93A8A31D8468D81B**  
 Amount of Each Receipt this Period **78.00**  
 Payroll Deduction: \$39.00/Bi-Weekly

**B. MATTHEW C MICHAELS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3507 Munstead Trl  
 City Frisco State TX Zip Code 75033-1166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONIFER Occupation SVP, HOSPITAL OPS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **361.00**

Date of Receipt **09 / 21 / 2013**  
**Transaction ID : A538FFA12237444E39CB**  
 Amount of Each Receipt this Period **38.00**  
 Payroll Deduction: \$19.00/Bi-Weekly

**C. JAMES D DORIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 264 Idlewilde Ln  
 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 **665.00**

Date of Receipt **09 / 21 / 2013**  
**Transaction ID : AC15CB8E0D8BC4BDE9A2**  
 Amount of Each Receipt this Period **70.00**  
 Payroll Deduction: \$35.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>186.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 39
	(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**

**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 ▼ 722.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : A7777B7597EFD4CF1854**  
 Amount of Each Receipt this Period 76.00  
 Payroll Deduction: \$38.00/Bi-Weekly

**B. DAVID W BORDOFSKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5001 Ashland Belle Ln  
 City Frisco State TX Zip Code 75035-7682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CLINICAL SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : A039C9B850C8443CAB1F**  
 Amount of Each Receipt this Period 80.00  
 Payroll Deduction: \$40.00/Bi-Weekly

**C. CRAIG C ARMIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23510 Berdon St  
 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, GOVT PROGRAMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : A1FE73AF702124A7C9F1**  
 Amount of Each Receipt this Period 80.00  
 Payroll Deduction: \$40.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	236.00
<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 30 OF 39
	<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 ▼ **741.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : ADC8AF0E5DFB44E18BBE**

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 14 Columbia Crest Pl

City Spring State TX Zip Code 77382-1334

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

Name of Employer HOUSTON NW MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **741.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A7F1701BA40064E0E8D2**

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 111 Sunset Cove Ln

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 ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A55BD2CAA489E432B8A0**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **194.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 39
	<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. 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 HOSPITAL Occupation DIR, IMAGING SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : AAF4764E8D5CB49138FF**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

**B. ANDREAS M GRAF**  
Full Name (Last, First, Middle Initial)

Mailing Address 3975 Stockton Ln

City Dallas State TX Zip Code 75287-4921

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, TRAVEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A6ECF9616C5E348358FA**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/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 ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : AE21233B0525F4FD0B34**

Amount of Each Receipt this Period **38.00**

Payroll 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: (check only one)	PAGE 32 OF 39
	<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. RALPH ALEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 528 W 51st St

City	State	Zip Code
Miami Beach	FL	33140-2611

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 ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2013

**Transaction ID : AFB2C5294E6794BE3A5C**

Amount of Each Receipt this Period  

78.00
-------

Payroll Deduction: \$20.00/Bi-Weekly

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

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, EXTERNAL AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **741.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2013

**Transaction ID : ABCAE73B683104309A79**

Amount of Each Receipt this Period  

78.00
-------

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 391 E Milgeo Ave

City	State	Zip Code
Ripon	CA	95366-2120

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

Name of Employer	Occupation
DOCTORS HOSPITAL OF MANTECA	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **741.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2013

**Transaction ID : A387A636F0485419992F**

Amount of Each Receipt this Period  

78.00
-------

Payroll Deduction: \$39.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>196.00</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 33 OF 39
	<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. JOHN QUINN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1138 Pine Valley Rd

City Griffin State GA Zip Code 30224-4953

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

Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **722.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A8000FE976C7045489FE**

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

**B. ROB FINNEGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2804 Carriage Trl

City McKinney State TX Zip Code 75070-4306

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : A959B7C8AB0FD49C5A5D**

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 108 Londonberry Ter

City Southlake State TX Zip Code 76092-7321

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP AND TREASURER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **361.00**

Date of Receipt **09 / 21 / 2013**

**Transaction ID : ADADA03CF53B2475D84A**

Amount of Each Receipt this Period **38.00**

Payroll 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: (check only one)	PAGE 34 OF 39
	<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. CELESTE H CHAMBERLAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8446 Pembroke Rd  
 City Philadelphia State PA Zip Code 19128-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN Occupation DCQI  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt 09 / 28 / 2013  
**Transaction ID : AE9DC2D6628524BFE87B**  
 Amount of Each Receipt this Period **38.00**  
 Payroll Deduction: \$19.00/Bi-Weekly

**B. THOMAS I RUNKLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 868B N 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 **380.00**

Date of Receipt 09 / 28 / 2013  
**Transaction ID : A051551266A7D45D894D**  
 Amount of Each Receipt this Period **38.00**  
 Payroll Deduction: \$19.00/Bi-Weekly

**C. STEPHEN D PRESTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3680 Village Center Ln  
 City Hoover 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 **380.00**

Date of Receipt 09 / 28 / 2013  
**Transaction ID : AAE3EA51F008242FE84E**  
 Amount of Each Receipt this Period **38.00**  
 Payroll 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: (check only one)	PAGE 35 OF 39
	<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. PAUL D. SLAVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 508 FORREST AVENUE

City Cleburne State TX Zip Code 76033-5345

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP COMPENSATION BENEFITS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 09 / 21 / 2013  
Transaction ID : **AAB4CF54A8A6E4909A30**

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

**B. DAWN CASTRO**  
Full Name (Last, First, Middle Initial)

Mailing Address 15408 FOX MEADOW LANE

City Frisco State TX Zip Code 75035-3671

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

Name of Employer CONIFER Occupation VP CLIENT DELIVERY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 09 / 21 / 2013  
Transaction ID : **ACE108BB96D3A4D92889**

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 1639 IOWA STREET UNIT C

City Costa Mesa State CA Zip Code 92626-2072

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 09 / 21 / 2013  
Transaction ID : **AACB0E761AF5E489CBCC**

Amount of Each Receipt this Period 38.00

Payroll Deduction: \$19.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	114.00
<b>TOTAL</b> This Period (last page this line number only).....	6596.30

**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 checked="" 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 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. Brown and Bigelow**

Mailing Address 17760 Preston Rd

City Dallas State TX Zip Code 75252-5663

Purpose of Disbursement  
Contributor Recognition Awards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 11 / 2013

**Transaction ID : B8606EB26AE0349CEBE8**

Amount of Each Disbursement this Period

972.16

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

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

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

972.16

972.16

**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. Toomey For Senate Committee**

Mailing Address P.O. Box 220

City Orefield State PA Zip Code 18069

Purpose of Disbursement  
Primary 2016

Candidate Name  
**Sen. Patrick J. Toomey**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2013

**Transaction ID : BE54DB884675C4A12B86**

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. McConnell for Senate**

Mailing Address P.O. Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
Primary 2014

Candidate Name  
**Sen. Mitch McConnell**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KY District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2013

**Transaction ID : BA2115A46663E44BFB95**

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Friends of Mary Landrieu**

Mailing Address 607 14th Street, NW  
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Primary 2014

Candidate Name  
**Sen. Mary L. Landrieu**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: LA District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2013

**Transaction ID : B80FE2AD132874B57B42**

Amount of Each Disbursement this Period

2500.00

Category/  
Type

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

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

7500.00

**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. Upton For All Of Us**

Mailing Address P.O. Box 490

City Saint Joseph State MI Zip Code 49085-0490

Purpose of Disbursement  
Primary 2014

Candidate Name  
**Rep. Fred Upton**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2013

**Transaction ID : BC1884B7E6D7749C7B32**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Primary 2014

Candidate Name  
**Lamar Alexander**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TN District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2013

**Transaction ID : BF2DE3AD8019645B7938**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

7500.00

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

15000.00

**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. Friends of Jane Nelson**

Mailing Address P.O. Box 608

City Grapevine State TX Zip Code 76099-0608

Purpose of Disbursement  
Other 2016

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other2016

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2013

**Transaction ID : B0931B1BE74724B909AF**

Amount of Each Disbursement this Period

1000.00

**B. Committee to Elect Nate Gentry**

Full Name (Last, First, Middle Initial)

Mailing Address 3716 Andrew Drive NE

City Albuquerque State NM Zip Code 87110-1327

Purpose of Disbursement  
Other 2014

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Other2014

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2013

**Transaction ID : B7652B33C59FD49EE999**

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1500.00

1500.00