

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 PAC

ADDRESS (number and street) 13737 Noel Road, Suite 100 Dallas TX 75240

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2006 through 10 18 2006

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 30 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		26410.20
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	2673.14									
(c) Total Receipts (from Line 19)	1457.26	33522.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4130.40	59932.66								
7. Total Disbursements (from Line 31)	6000.00	60325.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-1869.60	-392.34								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

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	1333.76	14621.12
(i) Itemized (use Schedule A)	123.50	18901.34
(ii) Unitemized	1457.26	33522.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	1457.26	33522.46
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))	1457.26	33522.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1457.26	33522.46

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) 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.....	5000.00	37750.00
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.....	1000.00	22575.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6000.00	60325.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6000.00	60325.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1457.26	33522.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1457.26	33522.46
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH LAMKIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025760415556
Mailing Address 31 WICKLOW DRIVE		Amount of Each Receipt this Period 20.00
City HILTON HEAD IS.	State SC	Zip Code 29928
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer HILTON HEAD HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. DALE ARMSTRONG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025775815556
Mailing Address 1135 CARTHAGE ST		Amount of Each Receipt this Period 20.00
City SANFORD	State NC	Zip Code 27330
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CENTRAL CAROLINA HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. JENNIFER DALEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039838815556
Mailing Address 5 CANDLEWICK CLOSE		Amount of Each Receipt this Period 39.00
City LEXINGTON	State MA	Zip Code 02421-4307
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT- ION-HQ	Occupation SVP,CLINICAL QUALITY/CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	

SUBTOTAL of Receipts This Page (optional) ▶	79.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. JOHN J FERRELLI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1240924715556
Mailing Address RANCHO MIRAGE		Amount of Each Receipt this Period 20.00
City Rancho Mirage	State CA	P/R Deduction (\$20.00 Bi-Weekly)
Zip Code 92270-4138	FEC ID number of contributing federal political committee. C	
Name of Employer JOHN F. KENNEDY MEMORIAL HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. SHELLEY GILES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1479664415556
Mailing Address 3803 STOCKTON LN		Amount of Each Receipt this Period 20.00
City DALLAS	State TX	P/R Deduction (\$20.00 Bi-Weekly)
Zip Code 75287-4919	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. JANIS THAYER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1481210615556
Mailing Address 1735 CRIMSON TERRACE		Amount of Each Receipt this Period 10.00
City BRENTWOOD	State CA	P/R Deduction (\$10.00 Bi-Weekly)
Zip Code 94513-2618	FEC ID number of contributing federal political committee. C	
Name of Employer OTHER EXECUTIVES	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. CHARLES CONKLIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3901 HEARST CASTLE WAY		Transaction ID: PR1592857215556
City State Zip Code PLANO TX 75025-2011	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICKY JOHNSTON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 404 N.CHURCH ST		Transaction ID: PR1592858215556
City State Zip Code MCKINNEY TX 75069	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP, INFO SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1260.00	P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Daniel WALDMANN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2001 19th Street, NW, #5		Transaction ID: PR1814798515556
City State Zip Code Washington DC 20009-1346	Amount of Each Receipt this Period _____ 80.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM-TEXAS VP Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1680.00	P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 160.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. LINDA P MCNEILL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3901 S. POST OAK AVE		Transaction ID: PR403500715556
City State Zip Code NEW ORLEANS LA 70131-8413	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation MEADOWCREST HOSPITAL DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MICHAEL HALTER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 111 RIGHTERS MILL RD		Transaction ID: PR406763215556
City State Zip Code ALLENTOWN PA 19072	Amount of Each Receipt this Period _____ 19.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation HAHNEMANN UNIVERSITY HOSPITAL CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 399.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. EDILBERTO EVANGELISTA		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4605 WINNETKA CIRCLE		Transaction ID: PR407173115556
City State Zip Code WOODLAND HILLS CA 91364-4618	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM SR REIMBURSEMENT SPEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 39.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. LEONARD ROSENFELD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407201315556
Mailing Address 12213 PARK BEND DR		Amount of Each Receipt this Period 20.00
City State Zip Code DALLAS TX 75230-2364	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP	Aggregate Year-to-Date 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROBERT J SCHWEBEL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407203415556
Mailing Address 5331 E. MOCKINGBIRD 613		Amount of Each Receipt this Period 10.00
City State Zip Code DALLAS TX 75206-0911	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMAS WOLF		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407205115556
Mailing Address 2613 MILLINGTON DRIVE		Amount of Each Receipt this Period 16.00
City State Zip Code PLANO TX 75093-3560	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.00 Bi-Weekly)
Name of Employer Occupation TENET HEADQUARTERS OFFICE MGR	Aggregate Year-to-Date 336.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	46.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 32
	<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 PAC

A. Full Name (Last, First, Middle Initial) HANK D IRICK JR. Mailing Address 3305 ELAM CT City PLANO State TX Zip Code 75093-8087 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407205815556 Amount of Each Receipt this Period 10.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer: TENET HEADQUARTERS OFFICE Occupation: SR DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

B. Full Name (Last, First, Middle Initial) WILLIAM R WATTS Mailing Address 7504 DANFIELD CT City DALLAS State TX Zip Code 75252-6823 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407209415556 Amount of Each Receipt this Period 10.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer: TENET HEADQUARTERS OFFICE Occupation: SR DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

C. Full Name (Last, First, Middle Initial) CRAIG E SIMS Mailing Address 4515 MANNING LANE City DALLAS State TX Zip Code 75220-6434 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407211615556 Amount of Each Receipt this Period 19.23 P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer: TENET HEALTHSYSTEM-TEXAS Occupation: Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.83		

SUBTOTAL of Receipts This Page (optional)	▶	39.23
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 32
	(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 PAC

Full Name (Last, First, Middle Initial) A. JOHN F BEALLE		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 7817 PENCROSS LANE		Transaction ID: PR407214515556
City DALLAS	State TX	Zip Code 75248-3108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. JOHN B MCDONALD		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2016 PEMBROKE AVE.		Transaction ID: PR407215815556
City FORT WORTH	State TX	Zip Code 76110-1236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer TENET HEADQUARTERS OFFICE	Occupation ASST GENERAL COUNSEL	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. WAYNE E COBB		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4001 ORCHID LANE		Transaction ID: PR407216415556
City MANSFIELD	State TX	Zip Code 76063-5577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer TENET HEADQUARTERS OFFICE	Occupation MGR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. ROBIN L MALLETT		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 616 STONE CANYON		Transaction ID: PR407218315556
City IRVING	State TX	Zip Code 75063-6327
Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. TERESA L HUSKEY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4333 PERSHING AVE		Transaction ID: PR407218615556
City FT WORTH	State TX	Zip Code 76107-4243
Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. SHERRY J HENDERSON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 25 NIGHT HERON PL		Transaction ID: PR407219715556
City NEWTON	State NC	Zip Code 28601
Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C		
Name of Employer FRYE REGIONAL MEDICAL CENTER	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 30.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. ROBERT SMITH		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2723 LAKERIDGE		Transaction ID: PR407220015556
City State Zip Code CARROLLTON TX 75006-4723	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM-TEXAS VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 775.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOE D THOMASON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4006 RAMSGATE CT		Transaction ID: PR407222115556
City State Zip Code COLLEYVILLE TX 76034-4473	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation RHD MEMORIAL MEDICAL CENTER CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ROBERT S HENDLER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11122 W RICKS CIRCLE		Transaction ID: PR407222815556
City State Zip Code DALLAS TX 75230-3032	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE REGIONAL CMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1050.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 85.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. RHONDA ROGERS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407224415556
Mailing Address 261 CR 2153		Amount of Each Receipt this Period 10.00
City NACOGDOCHES State TX Zip Code 75965		
FEC ID number of contributing federal political committee. C		
Name of Employer NACOGDOCHES MEDICAL CENTER Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. CONLEY S CERVANTES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407224715556
Mailing Address 819 CAMBRIDGE MANOR LANE		Amount of Each Receipt this Period 12.00
City COPPELL State TX Zip Code 75019-6105		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEADQUARTERS OFFICE Occupation DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. GARY ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407225815556
Mailing Address 3412 DREXEL DRIVE		Amount of Each Receipt this Period 20.00
City HIGHLAND PARK State TX Zip Code 75205-2904		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEADQUARTERS OFFICE Occupation DEPUTY GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	42.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. DEBRA L ANDONIE-WALL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2687 CLEAR SPRINGS CT		Transaction ID: PR407226215556	
City RICHARDSON	State TX	Zip Code 75082-4210	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation SR DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. STEPHANIE SLOGGETT-O'DELL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 779 SOUTH BELLFLOWER DR		Transaction ID: PR407227015556	
City SPRINGFIELD	State MO	Zip Code 65809-1109	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. DOUGLAS E RABE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9923 CAPRIDGE DR		Transaction ID: PR407227315556	
City DALLAS	State TX	Zip Code 75238-3469	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. GARRY M OLNEY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2708 ISLAND LEDGE COVE		Transaction ID: PR407234315556
City State Zip Code AUSTIN TX 78746-1982	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. BARRY G WEINBAUM		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2670 HIDDEN VALLEY ROAD		Transaction ID: PR407235315556
City State Zip Code LA JOLLA CA 92037-4025	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JOHN QUINN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1138 PINE VALLEY ROAD		Transaction ID: PR407236015556
City State Zip Code GRIFFIN GA 30224	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation SPALDING REGIONAL HOSPITAL CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 50.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. WALT MICKENS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407237615556
Mailing Address 116 DOCKSIDE CIRCLE		Amount of Each Receipt this Period 10.00
City CORAL SPRINGS	State FL	Zip Code 33327
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer WEST BOCA MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. ANDREA L WOZNAK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407239415556
Mailing Address 3181 SAND MARSH LN		Amount of Each Receipt this Period 10.00
City AWENDAW	State SC	Zip Code 29466
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer EAST COOPER REGIONAL MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. WILLIAM C HENNING		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407244715556
Mailing Address 2735 LONG GROVE DRIVE		Amount of Each Receipt this Period 20.00
City MARIETTA	State GA	Zip Code 30062-8721
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CENTENNIAL MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) ▶	40.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. RALPH ALEMAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7588 NW 51ST PLACE		Transaction ID: PR407245315556
City State Zip Code CORAL SPRINGS FL 33067-2053	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEALTHSYSTEM	Occupation MARKET VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ALEX CONTRERAS-SOTO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3363 SW 180 WAY		Transaction ID: PR407246915556
City State Zip Code CAROL CITY FL 33029	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer PALMETTO GENERAL HOSPITAL	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. AURELIO M FERNANDEZ		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8540 N.LAKE DASHA DRIVE		Transaction ID: PR407247415556
City State Zip Code MARGATE FL 33324	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer FLORIDA MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 50.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 32
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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 PAC

Full Name (Last, First, Middle Initial) A. GARRY L GAUSE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1150 LAKE COLANY LANE		Transaction ID: PR407248715556	
City State Zip Code VESTAVIA HILLS AL 35242-7423	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)		
Name of Employer Occupation BROOKWOOD MEDICAL CENTER CEO	Aggregate Year-to-Date ▼ _____ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. WILLIAM SEED		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2503 MASON OAKS DRIVE		Transaction ID: PR407250215556	
City State Zip Code VALRICO FL 33594-6498	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)		
Name of Employer Occupation TENET HEALTHSYSTEM DIR	Aggregate Year-to-Date ▼ _____ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DAVID L ARCHER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2594 HOCKSETT COVE		Transaction ID: PR407250415556	
City State Zip Code GERMANTOWN TN 38139-6655	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Bi-Weekly)		
Name of Employer Occupation SAINT FRANCIS HOSPITAL MARKET CEO	Aggregate Year-to-Date ▼ _____ 840.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. DENNIS R BRUNS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 980 18TH AVE CIRCLE NW		Transaction ID: PR407251815556
City State Zip Code HICKORY NC 28601	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation HILTON HEAD HOSPITAL CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SUELLEN SMITH		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PASO ROBLES		Transaction ID: PR407254515556
City State Zip Code Paso Robles CA 93446-9702	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TWIN CITIES COMMUNITY HOSPITAL COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. PAMELA J BUXTON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PALM DESERT		Transaction ID: PR407255315556
City State Zip Code Palm Desert CA 92211-0485	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation JOHN F. KENNEDY MEMORIAL HOSPITAL CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 40.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. STEPHEN L NEWMAN MD, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 13 NEWCASTLE LANE		Transaction ID: PR407257715556		
City State Zip Code LAGUNA NIGUEL CA 92677-9328	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$40.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C				
Name of Employer OTHER EXECUTIVES	Occupation CEO-TENET CALIFORNIA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00			

Full Name (Last, First, Middle Initial) B. ALAN E HODGES		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 231 COIN DU LESTIN		Transaction ID: PR407262115556		
City State Zip Code SLIDELL LA 70460-3509	Amount of Each Receipt this Period _____ 10.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C				
Name of Employer NORTHSHORE REGIONAL MEDICAL CENTER	Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00			

Full Name (Last, First, Middle Initial) C. DENISE DANNA		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 355 LAKE WORTH DR		Transaction ID: PR407264015556		
City State Zip Code BATON ROUGE LA 70810-2737	Amount of Each Receipt this Period _____ 10.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C				
Name of Employer MEADOWCREST HOSPITAL	Occupation CNO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 32
	(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 PAC

Full Name (Last, First, Middle Initial) A. GARY L HONTS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 29 OGLETHORPE LN		Transaction ID: PR407266415556	
City State Zip Code HILTON HEAD SC 29926-4724	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer Occupation HILTON HEAD HOSPITAL COO	Aggregate Year-to-Date ▼ _____ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MICHELE C MEYER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 230 GRIMSLEY N. BLUFF		Transaction ID: PR407268515556	
City State Zip Code ST LOUIS MO 63129	Amount of Each Receipt this Period _____ 19.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer Occupation DES PERES HOSPITAL CEO	Aggregate Year-to-Date ▼ _____ 399.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DAVID ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 44021 GARDNER DR		Transaction ID: PR407270715556	
City State Zip Code ROSWELL GA 30004	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer Occupation NORTH FULTON REGIONAL HOSPITAL INTERIM-CEO	Aggregate Year-to-Date ▼ _____ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 39.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 32
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. PAUL D ECHELARD		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1167 HILLSBORO MILE#614		Transaction ID: PR407270915556
City State Zip Code WEST PALM BEACH FL 33062	Amount of Each Receipt this Period _____ 19.23	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer GOOD SAMARITAN MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.83	

Full Name (Last, First, Middle Initial) B. SAMUEL G HARRIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 933 HAVENHURST		Transaction ID: PR407271115556
City State Zip Code WEST HOLLYWOOD CA 90046-6919	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEALTHSYSTEM	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

Full Name (Last, First, Middle Initial) C. CRAIG C ARMIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 23510 BERDON STREET		Transaction ID: PR407274115556
City State Zip Code WOODLAND HILLS CA 91367-3004	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer TENET HEALTHSYSTEM	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 525.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 54.23
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 32
	(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 PAC

Full Name (Last, First, Middle Initial) A. KAREN GULBENKIAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address SAN CLEMENTE		Transaction ID: PR407278715556
City San Clemente	State CA	Zip Code 92673-3534
Amount of Each Receipt this Period _____ 10.00		Amount of Each Receipt this Period _____ 10.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer GARDEN GROVE HOSPITAL	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

Full Name (Last, First, Middle Initial) B. MITCHELL ZEVIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PACIFIC PALISAD		Transaction ID: PR407279215556
City Pacific Palisad	State CA	Zip Code 90272-3123
Amount of Each Receipt this Period _____ 10.00		Amount of Each Receipt this Period _____ 10.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer ENCINO-TARZANA REGIONAL MEDICAL CENTER	Occupation Dir Bus Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

Full Name (Last, First, Middle Initial) C. CANDACE L MARKWITH		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5657 E THE TOLEDO		Transaction ID: PR407280315556
City LONG BEACH	State CA	Zip Code 90803-4046
Amount of Each Receipt this Period _____ 20.00		Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 40.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. MICHELE M FINNEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3751 Katella Avenue		Transaction ID: PR407283915556	
City State Zip Code Los Alamitos CA 90720-3164	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Bi-Weekly)		
Name of Employer Occupation LOS ALAMITOS MEDICAL CENTER CEO	Aggregate Year-to-Date ▼ _____ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. TIMOTHY B SMITH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17100 Euclid		Transaction ID: PR407284215556	
City State Zip Code Fountain Valley CA 92708-4004	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Bi-Weekly)		
Name of Employer Occupation FOUNTAIN VALLEY REGIONAL HOSPITAL CEO	Aggregate Year-to-Date ▼ _____ 280.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. KEN WHEAT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PALM DESERT		Transaction ID: PR407288715556	
City State Zip Code Palm Desert CA 92211-8934	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)		
Name of Employer Occupation DESERT REGIONAL MEDICAL CENTER CFO	Aggregate Year-to-Date ▼ _____ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 50.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. STEVE CORBEIL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2063 KINGSPONTE DRIVE		Transaction ID: PR413940415556
City State Zip Code CLARKSON VALLEY MO 63005-4484	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICK LYONS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address AGOURA		Transaction ID: PR413941915556
City State Zip Code Agoura CA 91301	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TWIN CITIES COMMUNITY HOSPITAL CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MONICA FRAZER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3913 STANFORD		Transaction ID: PR839292215556
City State Zip Code DALLAS TX 75225-7111	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 40.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. EDWARD MESCO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7365 NW 54TH STREET		Transaction ID: PR839477815556	
City LAUDERHILL	State FL	Zip Code 33319-6346	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHSYSTEM	Occupation DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 525.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. VIOLETA L MAZZELLA		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8816 CANYON LANDS DRIVE		Transaction ID: PR841454315556	
City PLANO	State TX	Zip Code 75025-4221	Amount of Each Receipt this Period _____ 16.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 336.00		
		P/R Deduction (\$16.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. ANASTASIA B HUINER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 614 EAST ALAMAR AVE.		Transaction ID: PR841557815556	
City SANTA BARBARA	State CA	Zip Code 93105-2946	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHCARE CORPORAT- ION-HQ	Occupation VICE PRESIDENT		
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)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 61.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 32
	<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 PAC

Full Name (Last, First, Middle Initial) A. KATHLEEN FARRELL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2585 FURLONG STREET		Transaction ID: PR843355315556
City BRISTOL	State PA	Zip Code 18901
Amount of Each Receipt this Period _____ 10.00		P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		
Name of Employer WARMINSTER HOSPITAL	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

Full Name (Last, First, Middle Initial) B. SUZANNE KOZEL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 161 MEADOW RIDGE LN		Transaction ID: PR843980415556
City JONESBORO	State NC	Zip Code 27517
Amount of Each Receipt this Period _____ 19.30		P/R Deduction (\$19.30 Bi-Weekly)
FEC ID number of contributing federal political committee. C		
Name of Employer ATLANTA MEDICAL CENTER	Occupation MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 405.30	

Full Name (Last, First, Middle Initial) C. LYNNE SCROGGINS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3777 PEACHTREE RD NE 632		Transaction ID: PR844786215556
City DECATUR	State GA	Zip Code 30319
Amount of Each Receipt this Period _____ 10.00		P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		
Name of Employer ATLANTA MEDICAL CENTER	Occupation ASSOCIATE ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 39.30
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 32
	(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 PAC

A. Full Name (Last, First, Middle Initial)
IRENE CHAVEZ

Mailing Address 2001 No. Oregon Street

City State Zip Code
El Paso TX 79902-3368

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 ▼
420.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR846339315556

Amount of Each Receipt this Period
20.00

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

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

Mailing Address PASO ROBLES

City State Zip Code
Paso Robles CA 93446-4845

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

Name of Employer TWIN CITIES COMMUNITY HOSPITAL
Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR849021415556

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	1333.76

**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 31 / 32

<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 PAC

Full Name (Last, First, Middle Initial) A. Leadership 21 - (John Tanner)		Transaction ID: 24692546 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 6849 Old Dominion Drive, Suite 222		Amount of Each Disbursement this Period 2500.00
City McLean State VA Zip Code 22101	Leadership 21 - John Tanner - TN	
Purpose of Disbursement Leadership 21 - John Tanner - TN		011 Category/Type
Candidate Name John Tanner		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Friends Of Roy Blunt		Transaction ID: 24725663 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address PO Box 50100 PO Box 50100		Amount of Each Disbursement this Period 2500.00
City Springfield State MO Zip Code 65805	Rou Blunt, US Congress, Dist 07, MO	
Purpose of Disbursement Rou Blunt, US Congress, Dist 07, MO		011 Category/Type
Candidate Name Rep. Roy Blunt		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 7	

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 32

<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 PAC

Full Name (Last, First, Middle Initial) A. Friends of George Kenney		Transaction ID: 24725659	
Mailing Address 13420 Priestly Street		Date of Disbursement 10 / 09 / 2006	
City Philadelphia	State PA	Zip Code 19116	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement George Kenney, STATE HOUSE 170th PA		011	George Kenney, STATE HOUSE 170th PA
Candidate Name Representative George Kenney, Jr.		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 17			

Full Name (Last, First, Middle Initial) B. Rafael Anchia Campaign		Transaction ID: 24725664	
Mailing Address P.o. Box 4468		Date of Disbursement 10 / 09 / 2006	
City Dallas	State TX	Zip Code 75208	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Rafael Anchia, STATE HOUSE 103rd TX		011	Rafael Anchia, STATE HOUSE 103rd TX
Candidate Name TX Rep. Rafael Anchia		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 10			

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00