

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		78498.04
(b) Cash on Hand at Beginning of Reporting Period.....	108570.29	
(c) Total Receipts (from Line 19)	10576.70	125281.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	119146.99	203779.39
7. Total Disbursements (from Line 31).....	12750.00	97382.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	106396.99	106396.99
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 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).....	9869.00	90332.00
(ii) Unitemized	707.70	34949.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10576.70	125281.35
(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)	10576.70	125281.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10576.70	125281.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10576.70	125281.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	71700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	9250.00	25682.40
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12750.00	97382.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12750.00	97382.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10576.70	125281.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10576.70	125281.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

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

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

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

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

A. JAIKUMAR KRISHNASWAMY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13123 AVALANGE COURT
 City CYPRESS State TX Zip Code 77429-4913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1025621126818
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. KEVIN MCCASLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5225 MAPLE AVENUE #4314
 City DALLAS State TX Zip Code 75235-8449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2112.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1026156826818
 Amount of Each Receipt this Period 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

C. ROBERT RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 SARANAC PARK
 City PEACHTREE CITY State GA Zip Code 30269-1274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH FULTON MEDICAL CENTER Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1159116226818
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

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

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

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

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. ALEXANDER M FERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 LAKE MONTEREY CIRCLE
 City BOYNTON BEACH State FL Zip Code 33426-8435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH SHORE MEDICAL CENTER Occupation CONTROLLER 2
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1159201026818
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. FELITA A CARTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 290 EAST PLANTATION DR
 City SHARPSBURG State GA Zip Code 30277-1958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1159258026818
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. DENNIS GRADY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3940 NW 54TH CT
 City COCONUT CREEK State FL Zip Code 33073-4123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PALMETTO GENERAL HOSPITAL Occupation DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1159306626818
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. MARY ANN T RAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 20230 PINGREE WAY

City YORBA LINDA State CA Zip Code 92887-3257

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

Name of Employer PLACENTIA LINDA HOSPITAL Occupation ASSOCIATE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1461493126818

Amount of Each Receipt this Period 20.00

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

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

Mailing Address 3803 STOCKTON LN

City DALLAS State TX Zip Code 75287-4919

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1479664426818

Amount of Each Receipt this Period 40.00

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

C. NANCY FOSTER
Full Name (Last, First, Middle Initial)

Mailing Address 9603 FOREST RIDGE CR

City DAVIE State FL Zip Code 33328-6791

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1481202726818

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. 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 VP AND REGIONAL CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 836.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2011
Transaction ID : PR1481203526818
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. JANIS THAYER
Full Name (Last, First, Middle Initial)
Mailing Address 1735 CRIMSON TERRACE
City BRENTWOOD State CA Zip Code 94513-2618
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2011
Transaction ID : PR1481210626818
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C. PAUL SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 24 WILLOW OAK LN
City SAINT LOUIS State MO Zip Code 63122-4714
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2011
Transaction ID : PR1481221126818
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 10 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 836.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1568624526818
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. CARLOS A DUBE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10172 SAIGON DR
 City EL PASO State TX Zip Code 79925-5428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1568782026818
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. AMY L SUTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1758 NORTHVIEW
 City CARROLLTON State TX Zip Code 75007-3045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1592704026818
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 62
(check only one)

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

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

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

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

Mailing Address 15126 FERDINAND DR

City DALLAS State TX Zip Code 75248-6437

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR1592856026818

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. JEFFREY NIEMAN

Mailing Address 1823 COUNTRYSIDE

City CARROLLTON State TX Zip Code 75007-1418

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR1592857426818

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 5325 TATE AVE

City PLANO State TX Zip Code 75093-3433

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR1592857726818

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **196.00**

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

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

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

FOR LINE NUMBER: PAGE 12 OF 62
(check only one)

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

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 404 N.CHURCH ST
City MCKINNEY State TX Zip Code 75069-3855
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 990.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1592858226818
Amount of Each Receipt this Period 90.00
P/R Deduction (\$45.00 Bi-Weekly)

B. CORDELIA BARBERA
Full Name (Last, First, Middle Initial)
Mailing Address 1200 CHEYENNE DR
City DESOTO State TX Zip Code 75115-7778
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1592858326818
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C. WEBB COCHRAN
Full Name (Last, First, Middle Initial)
Mailing Address 3961 ST. CLAIRE CT
City ATLANTA State GA Zip Code 30319
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR1594942626818
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
TOTAL This Period (last page this line number only).....▶

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

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

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

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

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

A. JAY MIRANDA
 Full Name (Last, First, Middle Initial)
 Mailing Address 15871 SW 148 TERRACE
 City State Zip Code
 MIAMI FL 33196-5701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CORAL GABLES HOSPITAL CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR1734839226818
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. LEA D FOURKILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13219 GEORGE STREET
 City State Zip Code
 FARMERS BRANCH TX 75234-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENET HEALTHCARE CORPORATION SR DIR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR1735529126818
 Amount of Each Receipt this Period
 88.00
 P/R Deduction (\$44.00 Bi-Weekly)

C. JASON E EVANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 FLINT RIDGE DR
 City State Zip Code
 ALLEN TX 75002-1567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LAKE POINTE MEDICAL CENTER COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR1735905226818
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 206.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 3336 SUNNIROC ROAD

City BIRMINGHAM State AL Zip Code 35210-3799

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

Name of Employer: BROOKWOOD MEDICAL CENTER Occupation: ASSOCIATE ADMINISTATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 10 / 31 / 2011
Transaction ID : PR1735911026818

Amount of Each Receipt this Period: 60.00

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

B. CHAD W LAND
Full Name (Last, First, Middle Initial)

Mailing Address 215 DURANGO DRIVE

City TROPHY CLUB State TX Zip Code 76262-5294

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

Name of Employer: TENET HEALTHSYSTEM-TEXAS Occupation: ANALYST-FINANCIAL SR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 31 / 2011
Transaction ID : PR1752747826818

Amount of Each Receipt this Period: 20.00

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

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

Mailing Address 1111 MONTCLAIR AVENUE

City DALLAS State TX Zip Code 75208-7114

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 ▼ 2112.00

Date of Receipt: 10 / 31 / 2011
Transaction ID : PR1814798526818

Amount of Each Receipt this Period: 192.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.00

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

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

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

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

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

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

A. ALBERT BARROCAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 SPALDING DR
 City ATLANTA State GA Zip Code 30350-1100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2069711426818
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. GREGORY S MANIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3305 STONEBROOK DR.
 City RICHARDSON State TX Zip Code 75082-3667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. MARY'S MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2070027426818
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. MARK P LISA
 Full Name (Last, First, Middle Initial)
 Mailing Address 391 E MILGEO AVE
 City RIPON State CA Zip Code 95366-2120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DOCTORS HOSPITAL OF MANTECA Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2174141226818
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.00
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 62		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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. ROBERT J CUNNAH
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 VILLAGIO WEST
 City PALM SPRINGS State CA Zip Code 92262-6395
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2174361626818
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. HENRY T HUDSON III
 Full Name (Last, First, Middle Initial)
 Mailing Address 49150 GILA RIVER DRIVE
 City INDIO State CA Zip Code 92201-8846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2174385926818
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. WADE TYRRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7844 ANNA CALLA WAY
 City BARTLETT State TN Zip Code 38133-5812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2174470726818
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	159.00
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 17 OF 62
(check only one)

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

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. CATHRYN H FRASER
Full Name (Last, First, Middle Initial)
Mailing Address 272 ENCLAVES COURT
City COPPELL State TX Zip Code 75019-2125
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, HUMAN RESOURCES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2112.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2174559926818
Amount of Each Receipt this Period 192.00
P/R Deduction (\$96.00 Bi-Weekly)

B. 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
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2174561226818
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

C. JOHN P LANDINO
Full Name (Last, First, Middle Initial)
Mailing Address 911 LAKE BREEZE
City HIGHLAND VILLAGE State TX Zip Code 75077-6491
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 351.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2174561726818
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 348.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. BRUCE MEARS		Date of Receipt
Mailing Address 10312 ARVIN HILL RD		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
AUBREY	TX	76227-6847
FEC ID number of contributing federal political committee.		Transaction ID : PR2174562626818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	DIR	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GEORGE PIETRI		Date of Receipt
Mailing Address 2908 LIGHTHOUSE DR		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
DENTON	TX	76210-0094
FEC ID number of contributing federal political committee.		Transaction ID : PR2174563426818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	MGR	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BIGGS C PORTER		Date of Receipt
Mailing Address 4535 MANNING LANE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75220-6434
FEC ID number of contributing federal political committee.		Transaction ID : PR2174563626818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	CHIEF FINANCIAL OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 19 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. WENDY TISCHLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5921 MALMESBURY RD
 City DALLAS State TX Zip Code 75252-4206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2174565826818
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. RICHARD BECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 WATERMAN
 City IRVINE State CA Zip Code 92602-1654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2174566426818
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. ERIC BURCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7085 CRYSTALLINE DRIVE
 City CARLSBAD State CA Zip Code 92011-3968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2174566626818
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. JEFFERY FLOCKEN		Date of Receipt
Mailing Address 27 NEW DAWN		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
IRVINE	CA	92620-1976
FEC ID number of contributing federal political committee.		Transaction ID : PR2174567326818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	SVP, REGIONAL OPERATIONS	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KIMBERLY P BROWN		Date of Receipt
Mailing Address 2634 FOREST PEBBLE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
SAN ANTONIO	TX	78232-4141
FEC ID number of contributing federal political committee.		Transaction ID : PR2188376426818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	SR DIR	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PATRICIA SECHI		Date of Receipt
Mailing Address 1850 S. OCEAN DRIVE #1802		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
HALLANDALE BEACH	FL	33009-7680
FEC ID number of contributing federal political committee.		Transaction ID : PR2216476826818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	
NORTH SHORE MEDICAL CENTER	ASSOCIATE ADMINISTRATOR	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="418.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="258.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) A. SALLY A HURT-STEFFEN		Date of Receipt 10 / 31 / 2011
Mailing Address 712 WALTHAM CT		Transaction ID : PR2248480226818
City EL PASO	State TX	Zip Code 79922-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation CEO	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. RUBEN O RODRIGUEZ		Date of Receipt 10 / 31 / 2011
Mailing Address 6905 VILLA HERMOSA		Transaction ID : PR2248482526818
City EL PASO	State TX	Zip Code 79912-2341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation DIR	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

Full Name (Last, First, Middle Initial) C. AMANDA EDMONDSON		Date of Receipt 10 / 31 / 2011
Mailing Address 3249 REGENT DRIVE		Transaction ID : PR2248651626818
City DALLAS	State TX	Zip Code 75229-5056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORATION	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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	158.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. DIANA ZAMORA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 12407 DEER TRACK		Transaction ID : PR2248652526818
City AUSTIN State TX Zip Code 78727-5745	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. RICHARD E GLANCEY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 6516 VASCO WAY		Transaction ID : PR2284144026818
City EL PASO State TX Zip Code 79912-1709	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00
Name of Employer SIERRA MEDICAL CENTER Occupation DIR PUBLIC RELATIONS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$39.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 858.00		

Full Name (Last, First, Middle Initial) C. GLORIA M LOERA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 4756 HARMONY DR		Transaction ID : PR2284265026818
City EL PASO State TX Zip Code 79924-1027	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR EDUCATION	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 220.00		

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

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

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

FOR LINE NUMBER: PAGE 23 OF 62
(check only one)

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

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

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

A. RICHARD A CHAPMAN
Full Name (Last, First, Middle Initial)
Mailing Address 2990 TRAWOOD DR APT 9C
City EL PASO State TX Zip Code 79936-4233
FEC ID number of contributing federal political committee. **C**
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2284266526818
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. BRADLEY C TAYLOR
Full Name (Last, First, Middle Initial)
Mailing Address 9438 THORNBERRY LANE
City DALLAS State TX Zip Code 75220-5145
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 418.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2284285126818
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. DAVID W BLACK
Full Name (Last, First, Middle Initial)
Mailing Address 5965 CAMPUS CT
City PLANO State TX Zip Code 75093-8714
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2284285226818
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. BRADLEY S TALBERT
Full Name (Last, First, Middle Initial)

Mailing Address 16 PADDOCKS BLVD

City HILTON HEAD State SC Zip Code 29926-3507

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

Name of Employer HILTON HEAD HOSPITAL Occupation ASSOCIATE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2284452626818

Amount of Each Receipt this Period 20.00

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

B. DIANE KEENER
Full Name (Last, First, Middle Initial)

Mailing Address 8140 SANTA ROSA ROAD

City ATASCADERO State CA Zip Code 93422-4942

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

Name of Employer TWIN CITIES COMMUNITY HOSPITAL Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2284585526818

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 13737 NOEL RD #100

City DALLAS State TX Zip Code 75240-2017

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR2369247926818

Amount of Each Receipt this Period 20.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 4141 16TH STREET NE

City HICKORY State NC Zip Code 28601-8408

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

Name of Employer: FRYE REGIONAL MEDICAL CENTER Occupation: CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **836.00**

Date of Receipt: **10 / 31 / 2011**

Transaction ID : PR2369304326818

Amount of Each Receipt this Period: **76.00**

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

B. JOSEPH A DESANTIS
Full Name (Last, First, Middle Initial)

Mailing Address 4000 PARKSIDE C BLV#3126

City FARMERS BRANCH State TX Zip Code 75244

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

Name of Employer: TENET HEALTHCARE CORPORATION Occupation: DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt: **10 / 31 / 2011**

Transaction ID : PR2369313426818

Amount of Each Receipt this Period: **20.00**

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

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

Mailing Address 1836 SABAL PALM DRIVE

City BOCA RATON State FL Zip Code 33432-7427

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

Name of Employer: FLORIDA MEDICAL CENTER Occupation: CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt: **10 / 31 / 2011**

Transaction ID : PR2369343326818

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

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

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 62
(check only one)

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

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

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

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

Mailing Address 553 RENEE LANE

City State Zip Code
DESOTO TX 75115-5161

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
10 / 31 / 2011
Transaction ID : PR2369373926818

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 3108 CLYMER DRIVE

City State Zip Code
PLANO TX 75025-5325

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP - PMI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
858.00

Date of Receipt
10 / 31 / 2011
Transaction ID : PR2387796626818

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
C. PAUL CASTANON

Mailing Address 6307 PRESTON PARKWAY

City State Zip Code
DALLAS TX 75205-1650

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP & ASST GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt
10 / 31 / 2011
Transaction ID : PR2398953026818

Amount of Each Receipt this Period
38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. STEPHEN D. PRESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3680 VILLAGE CENTER LANE
 City BIRMINGHAM State AL Zip Code 35226-6343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: BROOKWOOD MEDICAL CENTER Occupation: VP External Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **418.00**

Date of Receipt: 10 / 31 / 2011
Transaction ID : PR2428718426818
 Amount of Each Receipt this Period: **57.00**
 P/R Deduction (\$19.00 Bi-Weekly)

B. MR MICHAEL R HOLMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4241 VETERANS BLVD #200
 City METAIRIE State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: DIAGNOSTIC IMAGING SERVICES Occupation: CEO DIS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **836.00**

Date of Receipt: 10 / 31 / 2011
Transaction ID : PR2440288726818
 Amount of Each Receipt this Period: **76.00**
 P/R Deduction (\$38.00 Bi-Weekly)

C. JACQUELINE HERD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3571 CARRIAGE GLEN WAY
 City DACULA State GA Zip Code 30019-4575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: ATLANTA MEDICAL CENTER Occupation: CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt: 10 / 31 / 2011
Transaction ID : PR2441476026818
 Amount of Each Receipt this Period: **20.00**
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.00
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 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 5721 EDMONDSON ROAD PK #205

City NASHVILLE State TN Zip Code 37211-6563

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF MEDICAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : PR2444580826818

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 108 LONDONBERRY TERRACE

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/TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : PR2444580926818

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 2904 CROOKED STICK

City PLANO State TX Zip Code 75093-6352

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : PR2460337926818

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **154.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. MR COLLIN O. LEMAISTRE

Mailing Address 288 BOULDER LANE

City State Zip Code
NACOGDOCHES TX 75965-7006

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

Name of Employer Occupation
NACOGDOCHES MEDICAL CENTER COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR2460338026818

Amount of Each Receipt this Period
20.00

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

Full Name (Last, First, Middle Initial)
B. MS. ADELE PAULETT

Mailing Address 2843 THOMAS AVENUE

City State Zip Code
DALLAS TX 75204-2651

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION SENIOR DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR2460338126818

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 111 SUNSET COVE LANE

City State Zip Code
PALM BEACH GARDENS FL 33418-4607

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

Name of Employer Occupation
PALM BEACH GARDENS MEDICAL CENTER CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR2460338226818

Amount of Each Receipt this Period
38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. DENISE BERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 COUNTRY BEND
 City SAINT CHARLES State MO Zip Code 63303-2512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DES PERES HOSPITAL Occupation HOSPITAL COMPLIANCE OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR2492160326818
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. RAYMOND J FOSTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 68220 CONCEPCION RD
 City CATHEDRAL CITY State CA Zip Code 92234-3657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation DIR-IMAGING SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR405218726818
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. CYNTHIA Z BECKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1811 N PARK TOWNE PL
 City PHILADELPHIA State PA Zip Code 19130-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REGIONAL EXECUTIVE Occupation MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR406762026818
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 111 RIGHTERS MILL RD

City State Zip Code
PENN VALLEY PA 19072-1312

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

Name of Employer Occupation
HAHNEMANN UNIVERSITY HOSPITAL CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR406763226818

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 7243 BAXTERSHIRE DRIVE

City State Zip Code
DALLAS TX 75230-3170

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
532.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR407201326818

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 2613 MILLINGTON DRIVE

City State Zip Code
PLANO TX 75093-3560

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
352.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR407205126818

Amount of Each Receipt this Period
32.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. HANK D IRICK JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : PR407205826818
Mailing Address 3305 ELAM CT		Amount of Each Receipt this Period 20.00
City PLANO	State TX	Zip Code 75093-8087
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. WILLIAM R WATTS		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : PR407209426818
Mailing Address 7504 DANFIELD CT		Amount of Each Receipt this Period 20.00
City DALLAS	State TX	Zip Code 75252-6823
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. STEVE BROWN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : PR407210626818
Mailing Address 16 SARAH NASH CT		Amount of Each Receipt this Period 380.00
City DALLAS	State TX	Zip Code 75225-2072
FEC ID number of contributing federal political committee. C		P/R Deduction (\$190.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation EVP, CHIEF INFO OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4180.00	

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 2230 WARNER ROAD

City FORT WORTH State TX Zip Code 76110-1752

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 836.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407215826818

Amount of Each Receipt this Period 76.00

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

B. WAYNE E COBB
Full Name (Last, First, Middle Initial)

Mailing Address 4001 ORCHID LANE

City MANSFIELD State TX Zip Code 76063-5577

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407216426818

Amount of Each Receipt this Period 20.00

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

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

Mailing Address 25 NIGHT HERON PL

City HICKORY State NC Zip Code 28601-8806

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407219726818

Amount of Each Receipt this Period 40.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. JAMES E MCPARTLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 1805 LONGWOOD CT
 City ALLEN State TX Zip Code 75013-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407221526818
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JOE D THOMASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4006 RAMSGATE CT
 City COLLEYVILLE State TX Zip Code 76034-4473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 836.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407222126818
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. ROBERT S HENDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11122 W RICKS CIRCLE
 City DALLAS State TX Zip Code 75230-3032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation REGIONAL CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407222826818
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 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: PAGE 36 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. CONLEY S CERVANTES
 Full Name (Last, First, Middle Initial)
 Mailing Address 819 CAMBRIDGE MANOR LANE
 City COPPELL State TX Zip Code 75019-6105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407224726818
 Amount of Each Receipt this Period 24.00
 P/R Deduction (\$12.00 Bi-Weekly)

B. DOUGLAS E RABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9923 CAPRIDGE DR
 City DALLAS State TX Zip Code 75238-3469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407227326818
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. MICHAEL S HONGOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6704 WESTMONT DRIVE
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407227626818
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 104.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. SANDRA HILL
Full Name (Last, First, Middle Initial)
Mailing Address 2008 HAVERSHAM DRIVE
City FLOWER MOUND State TX Zip Code 75022-8440
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 31 / 2011**
Transaction ID : PR407228926818
Amount of Each Receipt this Period **200.00**
P/R Deduction (\$10.00 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 & GENERAL COUNSEL
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **4224.00**

Date of Receipt **10 / 31 / 2011**
Transaction ID : PR407229226818
Amount of Each Receipt this Period **384.00**
P/R Deduction (\$192.00 Bi-Weekly)

C. WILLIAM T MOORE
Full Name (Last, First, Middle Initial)
Mailing Address 3014 CASTLE PINES DRIVE
City DULUTH State GA Zip Code 30097-2039
FEC ID number of contributing federal political committee. **C**
Name of Employer ATLANTA MEDICAL CENTER Occupation MARKET CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **440.00**

Date of Receipt **10 / 31 / 2011**
Transaction ID : PR407231826818
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	444.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. JOHN QUINN		Date of Receipt
Mailing Address 1138 PINE VALLEY ROAD		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
GRIFFIN	GA	30224-4953
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR407236026818
SPALDING REGIONAL HOSPITAL	CEO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1836.00"/>	<input type="text" value="76.00"/>
		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. CHARLES MILLER		Date of Receipt
Mailing Address 747 MENDENHALL CT		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
FORT MILL	SC	29715-7852
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR407241426818
PIEDMONT MEDICAL CENTER	MARKET CEO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="418.00"/>	<input type="text" value="38.00"/>
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JOHN F HOLLAND		Date of Receipt
Mailing Address 3610 EDGEWATER STREET		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75205-4317
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR407242926818
TENET HEALTHCARE CORPORATION	SVP, REGIONAL OPERATIONS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2112.00"/>	<input type="text" value="192.00"/>
		P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="306.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Mailing Address 264 IDLEWILDE LANE

City SANFORD State NC Zip Code 27332-9304

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

Name of Employer CENTRAL CAROLINA HOSPITAL Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : PR407244826818

Amount of Each Receipt this Period
 70.00

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

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

Mailing Address 6301 COLLINS AVE #2608

City MIAMI BEACH State FL Zip Code 33141-4645

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

Name of Employer HIALEAH HOSPITAL Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : PR407245326818

Amount of Each Receipt this Period
 40.00

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

C. GARRY L GAUSE
Full Name (Last, First, Middle Initial)

Mailing Address 1150 LAKE COLANY LANE

City VESTAVIA HILLS State AL Zip Code 35242-7423

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

Name of Employer BROOKWOOD MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : PR407248726818

Amount of Each Receipt this Period
 20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 40 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. DAVID L ARCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2594 HOCKSETT COVE
 City GERMANTOWN State TN Zip Code 38139-6655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAINT FRANCIS HOSPITAL Occupation MARKET CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2112.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407250426818
 Amount of Each Receipt this Period 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

B. SUELLEN SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 TIERRA VISTA LANE
 City PASO ROBLES State CA Zip Code 93446-9702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407254526818
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. STEPHEN L NEWMAN MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11034 TIBBS STREET
 City DALLAS State TX Zip Code 75230-3450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF OPERATING OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4224.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407257726818
 Amount of Each Receipt this Period 384.00
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	596.00
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 41 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 112 GOLDEN PHEASANT ST

City SLIDELL State LA Zip Code 70461-3116

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

Name of Employer NORTHSHORE REGIONAL MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 427.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407263526818

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 13802 MAGNOLIA MANOR

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 ▼ 770.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407265626818

Amount of Each Receipt this Period 70.00

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

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

Mailing Address 1855 SILVERWINGS CT

City MORGAN HILL State CA Zip Code 95037-9002

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

Name of Employer COMMUNITY HOSPITAL OF LOS GATOS Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407266426818

Amount of Each Receipt this Period 60.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 168.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 62
(check only one)

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

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

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

A. MICHELE C MEYER
Full Name (Last, First, Middle Initial)
Mailing Address 230 GRIMSLEY STAT BLUFF
City SAINT LOUIS State MO Zip Code 63129-5030
FEC ID number of contributing federal political committee. **C**
Name of Employer DES PERES HOSPITAL Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 836.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407268526818
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. RICHARD D CARTER
Full Name (Last, First, Middle Initial)
Mailing Address 5166 LAKE CREST CR
City BIRMINGHAM State AL Zip Code 35217-3543
FEC ID number of contributing federal political committee. **C**
Name of Employer BROOKWOOD MEDICAL CENTER Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407269126818
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C. SAMUEL G HARRIS
Full Name (Last, First, Middle Initial)
Mailing Address 933 HAVENHURST
City WEST HOLLYWOOD State CA Zip Code 90046-6919
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407271126818
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. CRAIG C ARMIN		Date of Receipt
Mailing Address 23510 BERDON STREET		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
WOODLAND HILLS	CA	91367-3004
FEC ID number of contributing federal political committee.		Transaction ID : PR407274126818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	P/R Deduction (\$40.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="880.00"/>	

Full Name (Last, First, Middle Initial) B. KENT G CLAYTON		Date of Receipt
Mailing Address 3 TURTLE BAY DRIVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
NEWPORT BEACH	CA	92660-4266
FEC ID number of contributing federal political committee.		Transaction ID : PR407278126818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
PLACENTIA LINDA HOSPITAL	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="836.00"/>	

Full Name (Last, First, Middle Initial) C. GARY J SLOAN		Date of Receipt
Mailing Address 615 STEVENS CT		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
DANVILLE	CA	94506-4805
FEC ID number of contributing federal political committee.		Transaction ID : PR407278826818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	P/R Deduction (\$19.00 Bi-Weekly)
SAN RAMON REGION MEDICAL CENTER	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="418.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="194.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. CANDACE MARKWITH
Full Name (Last, First, Middle Initial)
Mailing Address 980 ISABELLA WAY
City SAN LUIS OBISPO State CA Zip Code 93405-6186
FEC ID number of contributing federal political committee. **C**
Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 852.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407280326818
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

B. RODNEY A REASONER
Full Name (Last, First, Middle Initial)
Mailing Address 1960 MARY LEE LN
City ALLEN State TX Zip Code 75002-8528
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 836.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407280926818
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C. MICHELE M FINNEY
Full Name (Last, First, Middle Initial)
Mailing Address 21521 TURTLEDOVE STREET
City TRABUCO CANYON State CA Zip Code 92679-3486
FEC ID number of contributing federal political committee. **C**
Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 836.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407283926818
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. KEN WHEAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 38041 E. BOGERT TRAIL
 City PALM SPRINGS State CA Zip Code 92264-9638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 836.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR407288726818
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. RICK LYONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2425 BATTERING ROCK RD
 City TEMPLETON State CA Zip Code 93465-8371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TWIN CITIES COMMUNITY HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 424.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR413941926818
 Amount of Each Receipt this Period 38.00
 P/R 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 836.00

Date of Receipt 10 / 31 / 2011
Transaction ID : PR839152226818
 Amount of Each Receipt this Period 76.00
 P/R 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: PAGE 46 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. LINDA K MERCIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 COLUMBIA CREST PLACE
 City State Zip Code
 WOODLANDS TX 77382-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOUSTON NW MEDICAL CENTER COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR839173326818
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. PATRICIA C JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4616 LARGO DR.
 City State Zip Code
 FLOWER MOUND TX 75028-3936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENET HEALTHCARE CORPORATION VP HUMAN RESOURCES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR839196426818
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JEFFREY S DOSSETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 557 LACROIX WAY
 City State Zip Code
 COLUMBIA IL 62236-2853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SAINT LOUIS UNIVERSITY HOSPITAL DIR - RADIOLOGY SVCS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR839426526818
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 47 OF 62
(check only one)

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

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

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

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

Mailing Address 7365 NW 54TH STREET

City LAUDERHILL State FL Zip Code 33319-6346

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
10 / 31 / 2011

Transaction ID : PR839477826818

Amount of Each Receipt this Period
50.00

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

Full Name (Last, First, Middle Initial)
B. MATTHEW C MICHAELS

Mailing Address 8410 PRESIDIO DRIVE

City FRISCO State TX Zip Code 75034-6219

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
10 / 31 / 2011

Transaction ID : PR839525726818

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 10101 FRENCH SPRINGS RD

City LAKELAND State TN Zip Code 38002-8425

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

Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
10 / 31 / 2011

Transaction ID : PR839557426818

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional)..... **108.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. AUDREY T ANDREWS
Full Name (Last, First, Middle Initial)
Mailing Address 702 PENFOLDS

City COPPELL	State TX	Zip Code 75019-4544
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, CHIEF COMPLIANCE OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4224.00	

Date of Receipt
10 / 31 / 2011
Transaction ID : **PR840566926818**

Amount of Each Receipt this Period
384.00

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

B. DREW P KAHN
Full Name (Last, First, Middle Initial)
Mailing Address 16015 KEMPTON PARK

City SPRING	State TX	Zip Code 77379-6730
FEC ID number of contributing federal political committee. C		
Name of Employer HOUSTON NW MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 836.00	

Date of Receipt
10 / 31 / 2011
Transaction ID : **PR840590426818**

Amount of Each Receipt this Period
76.00

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

C. DEBORAH DALEY
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 757

City EDGEWOOD	State TX	Zip Code 75117-0757
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEALTHCARE CORPORATION	Occupation ADMINISTRATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Date of Receipt
10 / 31 / 2011
Transaction ID : **PR840706226818**

Amount of Each Receipt this Period
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Mailing Address 3924 FLORA PLACE

City ST. LOUIS State MO Zip Code 63110-3733

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

Name of Employer SAINT LOUIS UNIVERSITY HOSPITAL Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR840796026818

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 5001 ASHLAND BELLE LANE

City FRISCO State TX Zip Code 75035-7682

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR840924626818

Amount of Each Receipt this Period
80.00

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

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

Mailing Address 1219 CHERRY SPRING

City HOUSTON State TX Zip Code 77038-2117

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

Name of Employer TENET PATIENT FINCL SVCS Occupation DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR840961326818

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	178.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MARITA COVARRUBIAS		Date of Receipt
Mailing Address 7115 WILDGROVE AVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75214-3841
FEC ID number of contributing federal political committee.		Transaction ID : PR841446726818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	P/R Deduction (\$19.00 Bi-Weekly)
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="304.00"/>	

Full Name (Last, First, Middle Initial) B. TREVOR FETTER		Date of Receipt
Mailing Address 3821 BEVERLY DRIVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75205-2807
FEC ID number of contributing federal political committee.		Transaction ID : PR841482526818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="666.00"/>
Name of Employer	Occupation	P/R Deduction (\$333.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	CEO AND PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3663.00"/>	

Full Name (Last, First, Middle Initial) C. HOAI-SON L NGUYEN		Date of Receipt
Mailing Address 303 PRINCE ALBERT CT		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
RICHARDSON	TX	75081-5059
FEC ID number of contributing federal political committee.		Transaction ID : PR841515826818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	DIR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="724.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. HUILING ZHANG		Date of Receipt
Mailing Address 2901 DANIEL AVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75205-1515
FEC ID number of contributing federal political committee.		Transaction ID : PR841724226818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	SR DIR	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="418.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOHN TILLY		Date of Receipt
Mailing Address 1221 WENTWOOD		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
IRVING	TX	75061-4456
FEC ID number of contributing federal political committee.		Transaction ID : PR842232426818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	VP & ASST GENERAL COUNSEL	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$75.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1650.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ELIZABETH JOHNSON		Date of Receipt
Mailing Address 3302 MARSH LANE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
GRAPEVINE	TX	76051-6828
FEC ID number of contributing federal political committee.		Transaction ID : PR842373126818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	VP	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="836.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="264.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. JUDITH STIMSON-RUSIN
Full Name (Last, First, Middle Initial)

Mailing Address 11807 LITTLESTONE COURT

City WEST PALM BEACH	State FL	Zip Code 33412-1621
-------------------------	-------------	------------------------

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

Name of Employer PALM BEACH GARDENS MEDICAL CENTER	Occupation CFO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : PR842449826818

Amount of Each Receipt this Period
20.00

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

B. BRIAN REILLY
Full Name (Last, First, Middle Initial)

Mailing Address 55 PARRY DR

City HAINESPORT	State NJ	Zip Code 08036-4881
--------------------	-------------	------------------------

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

Name of Employer HAHNEMANN UNIVERSITY HOSPITAL	Occupation CFO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : PR843214426818

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 13 GREENBRIAR LANE

City PAOLI	State PA	Zip Code 19301-1907
---------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR. MANAGING COUNSEL
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : PR843854926818

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. LESTER G COTTLE		Date of Receipt
Mailing Address 1625 FAWN LN		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
HUNTINGDON VALLEY	PA	19006-7917
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR843874926818
Name of Employer	Occupation	Amount of Each Receipt this Period
ST CHRISTOPHER'S HOSPITAL FOR CHILDR	CFO	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="418.00"/>	

Full Name (Last, First, Middle Initial) B. SANDRA C HOLMAN		Date of Receipt
Mailing Address 3874 HEATHERBROOK TRAIL		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
VALE	NC	28168-9570
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR843888126818
Name of Employer	Occupation	Amount of Each Receipt this Period
FRYE REGIONAL MEDICAL CENTER	DIR	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) C. MANUEL LINARES		Date of Receipt
Mailing Address 7710 CENTER BAY DR		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
NORTH BAY VILLAGE	FL	33141-4019
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR844477226818
Name of Employer	Occupation	Amount of Each Receipt this Period
NORTH SHORE MEDICAL CENTER	CEO	<input type="text" value="76.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="836.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="134.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 54 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 5124 DESERT VIXEN RD

City State Zip Code
PALM BEACH GARDENS FL 33418-7819

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

Name of Employer Occupation
PALM BEACH GARDENS MEDICAL CENTER CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR844609426818

Amount of Each Receipt this Period
20.00

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

Full Name (Last, First, Middle Initial)
B. PATRICIA L BRAINERD

Mailing Address 5412 GLENSHIRE DR

City State Zip Code
PLANO TX 75093-2800

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR844644426818

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 1300 BINZ

City State Zip Code
HOUSTON TX 77004-7016

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

Name of Employer Occupation
PLAZA SPECIALTY HOSPITAL CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR844656626818

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 158.00

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 55 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) A. THOMAS I RUNKLE		Date of Receipt 10 / 31 / 2011 Transaction ID : PR844712826818
Mailing Address 868B PENNOCK ST		Amount of Each Receipt this Period 57.00
City PHILADELPHIA	State PA	Zip Code 19130-1234
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL	Occupation DIRECTOR OF OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

Full Name (Last, First, Middle Initial) B. LYNNE SCROGGINS		Date of Receipt 10 / 31 / 2011 Transaction ID : PR844786226818
Mailing Address 3777 PEACHTREE RD NE 632		Amount of Each Receipt this Period 20.00
City ATLANTA	State GA	Zip Code 30319-5209
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
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 ▼ 220.00	

Full Name (Last, First, Middle Initial) C. ANTHONY BAIRD		Date of Receipt 10 / 31 / 2011 Transaction ID : PR846311926818
Mailing Address 4940 PIKES PEAK		Amount of Each Receipt this Period 20.00
City EL PASO	State TX	Zip Code 79904-2023
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer PROVIDENCE MEMORIAL HOSPITAL	Occupation ADMIN DIR DCQI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	97.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)
A. SCOTT A RIFKIN

Mailing Address 2188 ASPEN

City State Zip Code
TUSTIN RANCH CA 92782-8339

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

Name of Employer Occupation
LOS ALAMITOS MEDICAL CENTER COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR846690226818

Amount of Each Receipt this Period
20.00

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

Full Name (Last, First, Middle Initial)
B. ERIC M DELGADO

Mailing Address 4734 BRIERCREST AVE.

City State Zip Code
LAKEWOOD CA 90713-2312

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

Name of Employer Occupation
IRVINE REGIONAL HOSPITAL MEDICAL CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR84688226818

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 2713 STUYVESANT CR

City State Zip Code
MODESTO CA 95356-0337

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

Name of Employer Occupation
DOCTORS MEDICAL CENTER-MODESTO COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : PR847417826818

Amount of Each Receipt this Period
38.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MARK A NEU		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : PR847814226818
Mailing Address 144 WILD HORSE LOOP		Amount of Each Receipt this Period 20.00
City RANCHO SANTA MARGARITA	State CA	Zip Code 92688-1805
FEC ID number of contributing federal political committee. C	Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. STEVEN G WASSERMAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : PR847970126818
Mailing Address 6132 DEERHILL RD		Amount of Each Receipt this Period 38.00
City OAK PARK	State CA	Zip Code 91377-5832
FEC ID number of contributing federal political committee. C	Name of Employer CAP MANAGEMENT SYSTEMS	Occupation CHIEF INFO OFFICER-CMS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MONICA C VARGAS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : PR849126626818
Mailing Address 4017 FLAMINGO		Amount of Each Receipt this Period 38.00
City EL PASO	State TX	Zip Code 79902-1313
FEC ID number of contributing federal political committee. C	Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	
		P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	96.00
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 58 OF 62
(check only one)

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

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

Mailing Address 3013 GOLF CREST LANE

City WOODSTOCK State GA Zip Code 30189-8197

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **836.00**

Date of Receipt
10 / 31 / 2011

Transaction ID : PR849790226818

Amount of Each Receipt this Period
76.00

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	76.00
TOTAL This Period (last page this line number only).....▶	9869.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jobs, Economy and Budget Fund

Mailing Address P.O. Box 30844

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Jobs, Economy and Budget Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : 33947042

Amount of Each Disbursement this Period

2500.00

2011 Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Jeb Hensarling

Mailing Address PO Box 820504

City State Zip Code
Dallas TX 75382

Purpose of Disbursement
2012 Primary

011

Candidate Name

Jeb Hensarling

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : 33947534

Amount of Each Disbursement this Period

1000.00

2012 Primary

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3500.00

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

3500.00

**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

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

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kenneth Sheets for State Representative

Mailing Address P.O. Box 192741

City Dallas State TX Zip Code 75214

Purpose of Disbursement
Kenneth Sheets, STATE HOUSE 107th TX

011

Candidate Name

Kenneth Sheets

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	1

Transaction ID : 33927759

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Kenneth Sheets, STATE HOUSE 107th TX

Full Name (Last, First, Middle Initial)

B. Ellen Cohen Campaign

Mailing Address 3401 Louisiana Street, Suite 250

City Houston State TX Zip Code 77002

Purpose of Disbursement
Ellen Cohen, City Council Member TX

011

Candidate Name

Ellen Cohen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	1

Transaction ID : 33927761

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Ellen Cohen, City Council Member TX

Full Name (Last, First, Middle Initial)

C. Friends of John Zerwas

Mailing Address P.O. Box 852

City Fuishear State TX Zip Code 77441

Purpose of Disbursement
John Zerwas, STATE HOUSE 28th TX

011

Candidate Name

TX Rep. John Zerwas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	1

Transaction ID : 33927762

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

John Zerwas, STATE HOUSE 28th TX

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

1	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Marisa Marquez Campaign

Mailing Address P.O. Box 23004

City El Paso State TX Zip Code 79923

Purpose of Disbursement
Marisa Marquez, STATE HOUSE 77th TX

Candidate Name

Marisa Marquez

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 77

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2011

Transaction ID : 33934183

Amount of Each Disbursement this Period

250.00

Marisa Marquez, STATE HOUSE 77th TX

Full Name (Last, First, Middle Initial)

B. Texas Hospital Association PAC

Mailing Address P.O. Box 679010

City Austin State TX Zip Code 78767-9101

Purpose of Disbursement
2011 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2011

Transaction ID : 33934184

Amount of Each Disbursement this Period

5000.00

2011 Contribution

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

M M M	/	D D D	/	Y Y 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)..... ▶

5250.00

9250.00
